

Exhibit B

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK**

State Farm Mutual Automobile Insurance Company
and State Farm Fire and Casualty Company,

Plaintiffs,

v.

Francois Jules Parisien, M.D.,
Luqman Dabiri, M.D.,
Ksenia Pavlova, D.O.,
Noel Blackman, M.D.,
Frances Lacina, D.O.,
Allay Medical Services, P.C.,
FJL Medical Services P.C.,
JFL Medical Care P.C.,
JPF Medical Services, P.C.,
KP Medical Care P.C.,
PFJ Medical Care P.C.,
RA Medical Services P.C.,
Darren Mollo, D.C.,
Darren Mollo D.C., P.C.,
ACH Chiropractic, P.C.,
Energy Chiropractic, P.C.,
Island Life Chiropractic Pain Care, PLLC,
Charles Deng, L.A.c.,
Charles Deng Acupuncture, P.C.,
David Mariano, P.T.,
Maria Masigla a/k/a Maria Shiela Buslon, P.T.,
MSB Physical Therapy P.C.,
Maiga Products Corporation,
Madison Products of USA, Inc.,
Quality Custom Medical Supply, Inc.,
Allan L. Buslon,
Quality Health Supply Corp.,
Personal Home Care Products Corp.,
AB Quality Health Supply Corp.,
Tatiana M. Rybak, and
Oleg Rybak,

Case No. 1:18-cv-00289-ILG-ST

**PLAINTIFFS DEMAND
TRIAL BY JURY**

Defendants.

SECOND AMENDED COMPLAINT

State Farm Mutual Automobile Insurance Company (“State Farm Mutual”) and State Farm Fire and Casualty Company (“State Farm Fire”), for their Second Amended Complaint against Defendants, allege as follows:

I. NATURE OF THE ACTION

1. This action seeks to recover money fraudulently obtained from State Farm Mutual and State Farm Fire through the submission of bills and supporting documentation that are fraudulent for examinations, treatment, testing, injections, and durable medical equipment provided to individuals who were involved in motor vehicle accidents and eligible for No-Fault benefits under State Farm Mutual or State Farm Fire insurance policies (“No-Fault Benefits”). The bills and supporting documentation that Defendants submitted or caused to be submitted to State Farm Mutual and State Farm Fire were fraudulent because the services were not eligible for reimbursement, not provided, and/or not medically necessary.

2. The bills and supporting documentation are the product of a fraudulent, predetermined treatment protocol (the “Predetermined Treatment Protocol”) administered to patients by providers at 1786 Flatbush Avenue in Brooklyn, New York (“1786 Flatbush”). Defendants did not design the Predetermined Treatment Protocol to legitimately examine, diagnose, and treat patients, but instead to enrich Defendants financially by exploiting the patients’ No-Fault Benefits.

3. The Predetermined Treatment Protocol involves:

(a) initial examinations that are not legitimately performed to determine the true nature and extent of patient injuries, but rather are performed, if at all, as a pretext to report substantially similar and in some instances nearly identical examination findings to justify a variety of unnecessary treatment and services;

(b) a treatment plan consisting of a combination of purported physical therapy modalities, chiropractic manipulations, and acupuncture, provided to almost every patient on almost every visit and often on the same dates of service, regardless of the unique circumstances and needs of each patient;

(c) employing particular treatments, modalities, and services not because they are clinically beneficial to the patients, but to maximize charges and avoid limitations on the amounts that can be charged under the applicable fee schedule;

(d) subjecting patients to medically unnecessary diagnostic tests, which include digital range of motion tests (“ROM Tests”), computerized muscle strength tests (“Muscle Tests”), nerve conduction velocity tests (“NCVs”), electromyography tests (“EMGs”), somatosensory evoked potential tests (“SSEPs”), brainstem auditory evoked potential tests (“BEPs”), functional capacity evaluations, and pain fiber nerve conduction studies (“V-sNCTx”) (collectively, the “Tests”);

(e) recommending and performing medically unnecessary trigger point injections and dry needling procedures;

(f) recommending and providing virtually identical bundles of medically unnecessary durable medical equipment (“DME”) and orthotic devices (collectively, “Supplies”); and

(g) submitting documents to State Farm Mutual and State Farm Fire falsely representing that the examinations, treatment, Tests, injections, and Supplies purportedly rendered were medically necessary when, in fact, they either were not performed or were performed to exploit patients’ No-Fault Benefits and not because they were medically necessary.

4. The Predetermined Treatment Protocol was rendered by a variety of providers, including: (1) physicians — Francois Jules Parisien, M.D. (“Parisien”), Noel Blackman, M.D. (“Blackman”), Luqman Dabiri, M.D. (“Dabiri”), Ksenia Pavlova, D.O. (“Pavlova”), and Frances Lacina, D.O. (“Lacina”), and a series of entities purportedly owned by those providers, including Allay Medical Services, P.C. (“Allay”), JFL Medical Care P.C. (“JFL Medical”), FJL Medical Services P.C. (“FJL Medical”), JPF Medical Services, P.C. (“JPF Medical”), KP Medical Care P.C. (“KP Medical”), PFJ Medical Care P.C. (“PFJ Medical”), and RA Medical Services (“RA Medical”) (collectively, the “Physician Defendants”) who purportedly examined patients, diagnosed injuries to support treatment, and provided medically unnecessary medical care and Tests and who, for some patients, administered medically unnecessary trigger point injections and dry needling procedures; (2) chiropractors — Darren T. Mollo, D.C. (“Mollo”) and others employed by or associated with him or entities purportedly owned by Mollo, including Darren

Mollo D.C., P.C. (“Mollo P.C.”), ACH Chiropractic, P.C. (“ACH Chiropractic”), Energy Chiropractic, P.C. (“Energy Chiropractic”), and Island Life Chiropractic Pain Care, PLLC (“Island Life”) (collectively, the “Chiropractor Defendants”), who purportedly examined patients, diagnosed injuries to support treatment, and provided medically unnecessary chiropractic care and Tests; (3) acupuncturists — Charles Deng, L.A.c. (“Deng”) and others employed by or associated with him and Charles Deng Acupuncture, P.C. (“Deng Acupuncture”) (collectively, the “Acupuncture Defendants”), who purportedly examined patients, diagnosed injuries to support treatment, and provided medically unnecessary acupuncture treatment, including cupping; (4) physical therapists working for the Physician Defendants, including David Mariano, P.T. (“Mariano”), Maria Masigla a/k/a Maria Shiela Buslon, P.T. (“Masigla”), MSB Physical Therapy P.C. (“MSB”), and others who administered medically unnecessary physical therapy services, including synaptic treatments and cold laser therapy (collectively, the “Physical Therapy Defendants”); and (5) providers of Supplies — Maiga Products Corporation (“Maiga”), Madison Products of USA, Inc. (“Madison”), Quality Health Supply Corp. (“Quality Health”), AB Quality Health Supply Corp. (“AB Quality”), Personal Home Care Products Corp. (“PHCP”), Quality Custom Medical Supply, Inc. (“Quality Custom”), and Allan L. Buslon (“Buslon”) who purportedly owns Quality Health and AB Quality (collectively, the “DME Defendants”), which provided and billed for Supplies based on prescriptions issued by the Physician Defendants.

5. As a result of the Predetermined Treatment Protocol, as well as the medically unnecessary examinations, treatment, Tests, injections, Supplies, and the improper conduct described above: (a) patients were not legitimately examined, diagnosed, and/or appropriately treated for conditions which they may have had; (b) patients were subjected to treatments for

conditions that they may not have had; and (c) patients' limited No-Fault Benefits were reduced and therefore not available for legitimate treatment that they may have needed as a result of their automobile accident.

6. The professional service corporations through which healthcare services, including physician, chiropractic, and acupuncture services, Tests, and procedures were rendered and billed were owned on paper by licensed healthcare professionals. Supplies were purportedly provided and billed by the DME Defendants owned on paper by Buslon, Maiga Borisevica ("Borisevica"), Oleksandr Semenov ("Semenov"), and others. In fact, at all times, layperson Tatiana Rybak directed activity at 1786 Flatbush and orchestrated a scheme to: (a) secretly and unlawfully own and control professional service corporations operating at 1786 Flatbush, (b) receive kickbacks from providers of healthcare goods and services at 1786 Flatbush disguised as payments for services or rent, (c) fraudulently bill for goods and services purportedly provided to patients at 1786 Flatbush that were not eligible for reimbursement and goods and services that were not medically necessary or not provided, and (d) cause profits generated by these fraudulent bills to be covertly funneled to or for the benefit of herself, Oleg Rybak, and other family members to conceal that they controlled and were the primary beneficiaries of these fraudulently obtained funds.

7. Tatiana Rybak's son, Oleg Rybak, was admitted to the New York Bar in 2009 and from that time forward knowingly participated in, facilitated, supported, furthered, and profited from this scheme. To facilitate, support, and further these common objectives, Oleg Rybak's actions and participation included: (a) controlling the medical practice of a physician at 1468 Flatbush Avenue, the direct predecessor to 1786 Flatbush ("1468 Flatbush"), (b) covertly funneling the proceeds of activity at 1468 Flatbush to or for the benefit of himself, Tatiana

Rybak, and other family members, (c) exercising sufficient ownership and control over the activities and professional service corporations operating at 1786 Flatbush that two employees who worked there asserted the Fifth Amendment in response to questions about his ownership and control, (d) forming two of the DME Defendants with foreign-national nominee owners who may reside outside the United States and arranging to have their mail forwarded to his law office, (e) exercising control over the physical space in which the clinic at 1786 Flatbush operated through a lease that on paper was with one of his family members, (f) representing individuals who treated at 1786 Flatbush and who were in staged accidents to recover No-Fault Benefits and pursue claims and lawsuits for bodily injuries arising out of automobile accidents, (g) covertly funneling the proceeds of activity at 1786 Flatbush and the professional service corporations that operated there to or for the benefit of himself, Tatiana Rybak, and other family members, and (h) bringing thousands of claims and suits against insurers to recover payment for services provided to patients of 1786 Flatbush, supporting suits with fraudulent affidavits, and employing other tactics intended to disguise the scheme and the fraudulent nature of the claims, and to reap substantial profits.

8. The professional corporations through which healthcare services were rendered and billed were owned on paper by licensed healthcare professionals, and the DME Defendants, which purportedly provided and billed for Supplies, were owned on paper by Buslon, Borisevica, and Semenov, among others. In fact, at all times, layperson Tatiana Rybak owned, controlled, and/or profited from the medical professional corporations and DME Defendants, directed activity at 1786 Flatbush, and orchestrated the submission of fraudulent claims for healthcare services. At all times, Tatiana Rybak's son, Oleg Rybak, a principal in the Rybak Law Firm, PLLC (the "Rybak Law Firm") participated in, advanced, enforced, and profited from the

scheme to submit fraudulent claims for healthcare services rendered at 1786 Flatbush. Both Tatiana Rybak and Oleg Rybak reaped substantial financial profits from activity at 1786 Flatbush, which they siphoned to themselves using intermediaries.

9. Defendants' scheme began in August 2013 and has continued uninterrupted since that time. As a result of their scheme, State Farm Mutual and State Farm Fire have incurred damages of more than \$1 million.

II. JURISDICTION AND VENUE

10. Pursuant to 28 U.S.C. § 1331, this Court has jurisdiction over the claims brought under 18 U.S.C. § 1961 *et seq.* ("RICO") because they arise under the laws of the United States. Pursuant to 28 U.S.C. § 1367, this Court also has supplemental jurisdiction over the state law claims because they are so related to the RICO claims as to form part of the same case and controversy.

11. In addition, pursuant to 28 U.S.C. § 1332(a)(1), this Court has jurisdiction over State Farm Mutual's and State Farm Fire's claims based on state law because the matter is between citizens of different states and the amount in controversy exceeds the sum or value of \$75,000, exclusive of interest and costs, because Defendants acted in concert pursuant to a common plan to commit the fraud alleged herein and are jointly and severally liable for the damages caused to State Farm Mutual and State Farm Fire in the amount of at least \$1 million.

12. Pursuant to 28 U.S.C. § 1391(b), venue is proper in this district because a substantial part of the events or omissions giving rise to the claims occurred here.

III. PARTIES

A. Plaintiffs

13. State Farm Mutual is a corporation organized under the laws of Illinois with its principal place of business in Illinois, and it issues automobile insurance policies in New York.

14. State Farm Fire is a corporation organized under the laws of Illinois with its principal place of business in Illinois, and it issues automobile insurance policies in New York.

B. Defendants

1. The Rybak Defendants

15. Tatiana M. Rybak (“Tatiana Rybak” or “Tatiana”) resides in and is a citizen of Florida. Tatiana Rybak secretly and unlawfully owned, controlled, and profited from professional service corporations and DME Defendants that rendered services at 1786 Flatbush, directed activity at 1786 Flatbush, including determining the services that were rendered and who rendered them, and orchestrated the submission of fraudulent claims for healthcare services.

16. Oleg Rybak is an attorney who resides in and is a citizen of New York. Oleg Rybak is the founder and managing member of The Rybak Law Firm, PLLC, a law firm with its principal place of business in Brooklyn, New York. Oleg Rybak became licensed to practice law in New York in 2009 and, from that time forward, knowingly participated in, facilitated, supported, furthered, and profited from the scheme to submit fraudulent claims for healthcare services rendered at clinics secretly and unlawfully owned and controlled by Tatiana Rybak, including 1786 Flatbush.

2. The Physician Defendants

17. Parisien resides in and is a citizen of New York. Parisien is a licensed physician in New York. Parisien’s services at 1786 Flatbush were billed to State Farm Mutual or State Farm Fire under his own tax identification number and through Allay, PFJ Medical, and JPF Medical.

18. Blackman resides in and is a citizen of New York and is currently in the custody of the Federal Bureau of Prisons. Blackman is a licensed physician in New York. Blackman’s

services at 1786 Flatbush were billed to State Farm Mutual or State Farm Fire under his own tax identification number.

19. Blackman has a history of professional misconduct. Blackman was charged by the New York Board of Medicine with repeated negligence and failure to maintain accurate patient records relating to his treatment of three patients. As the result of Blackman's negligence, the right arm of one of his patients had to be amputated. On June 25, 2004, the Board placed Blackman on probation for two years, a condition of which required Blackman to practice medicine only when monitored by a board-certified physician approved by the New York State Department of Health Office of Professional Medical Conduct and to take a course in medical record keeping.

20. More recently, on August 24, 2016, Blackman pled guilty to conspiracy to distribute oxycodone in violation of 21 U.S.C. § 841(a)(1) following his arrest by federal law enforcement officers for illegally prescribing vast amounts of painkillers, specifically prescribing 365,000 pills of the Schedule II narcotic oxycodone in 2015 alone. Federal authorities removed Blackman from an international flight bound for Guyana and arrested him at John F. Kennedy Airport after they ordered the plane back to the terminal. According to Blackman's prescription records, the 365,000 pills came from 2,487 prescriptions he wrote from multiple clinics in Franklin Square, Elmhurst, Queens, and Brooklyn from approximately June 2015 to February 2016. Blackman waived his *Miranda* rights and told law enforcement agents that he saw 100 patients per day at a clinic for which he charged \$300 per patient and estimated that he saw one patient every six minutes. Blackman's secretary, Eva Torres, was also arrested on the same narcotics conspiracy charge, and she advised federal agents that an unnamed person would give her a list of names and Blackman would then write oxycodone prescriptions without examining

the patients, for which Blackman received \$300 for each prescription. In light of these charges, the New York Board of Medicine initiated an investigation during which Blackman agreed to an Interim Order of Conditions precluding him from practicing medicine in New York during the investigation. Blackman pled guilty to conspiracy to distribute and possess with intent to distribute oxycodone and, on May 15, 2017, a judgment was entered against him sentencing him to, among other things, imprisonment for 50 months, and he was ordered to forfeit approximately \$536,000.

21. Dabiri resides in and is a citizen of New York. Dabiri's services at 1786 Flatbush were billed to State Farm Mutual or State Farm Fire under his own tax identification number.

22. Dabiri is a physician specializing in obstetrics and gynecology whose license to practice medicine has been suspended in at least three jurisdictions, including New York.

23. Dabiri started to practice medicine in England, where he obtained a restricted medical license in 1999 requiring that he practice under the supervision of a licensed physician. His restricted license in England was later suspended on two separate occasions in 2000. Dabiri then moved to the United States and, in February 2009, obtained a restricted license to practice medicine that also required him to work under the supervision of a supervising physician. In February 2013, the Florida Department of Health brought disciplinary proceedings against Dabiri for violating the terms of his limited license. In June 2013, Dabiri entered into a consent agreement with the Florida Board of Medicine under which he was reprimanded for professional misconduct, ordered to pay a fine and costs, and his Florida license to practice medicine was suspended until he applied for reinstatement following an evaluation.

24. On January 12, 2015, approximately eight months after his Florida license was suspended, Dabiri's license to practice medicine in New York was suspended through July 30,

2015, as a result of the Florida suspension. Following an evidentiary hearing, the State of New York Board for Professional Medical Conduct (“BPMC”) found that Dabiri committed professional misconduct based on the Florida suspension under New York Education Law 6530(9)(d), which provides for disciplinary action if a licensee is subject to a disciplinary action in another state and the underlying conduct would give rise to disciplinary action in New York, and ordered that Dabiri’s New York license be suspended until his Florida medical license was reinstated. The New York Department of Health appealed the hearing committee’s decision to the Administrative Review Board (“ARB”), stating that the committee’s penalty was “insufficient and places the public at risk.” On May 27, 2015, the ARB ordered that Dabiri’s New York license be suspended indefinitely “until such time as the Director of the Office of Professional Medical Conduct . . . determines [that Dabiri] can practice safely in New York” and also placed Dabiri on probation for five years following his reinstatement. The ARB noted that Dabiri had previously been disciplined in both England and Florida, and then left both jurisdictions to practice elsewhere, finding “such conduct presents a pattern and we find that pattern troubling.” The ARB also noted that Dabiri had been practicing in New York in an unlicensed office setting, which permitted him to “practice with no supervision or oversight in [an office] setting, unlike practice in a licensed medical facility subject to State and Federal inspections and regulations requiring lines of supervision.”

25. Pavlova resides in and is a citizen of New York. Pavlova has been a licensed osteopathic physician in New York since 2009. While Pavlova is a doctor of osteopathic medicine and has never had an M.D. degree or held a license as a Medical Doctor, beginning in approximately April 2014, Pavlova began to falsely represent in some of her claims documentation submitted to State Farm Mutual or State Farm Fire that she held an M.D. license.

See Ex. 9. Pavlova's services at 1786 Flatbush were billed to State Farm Mutual or State Farm Fire under her own tax identification number, her social security number, Allay, and KP Medical and under Blackman's name. Pavlova is married to Sergey Rybak, who is Tatiana Rybak's son and Oleg Rybak's brother.

26. Lacina resides in and is a citizen of Florida. Lacina is an osteopathic physician licensed to practice in Florida and New York. Lacina's services at 1786 Flatbush were billed to State Farm Mutual or State Farm Fire under his own tax identification number and through FJL Medical Services P.C., JFL Medical, RA Medical, and MSB.

27. Allay is a domestic professional corporation organized under the laws of New York with its principal place of business at 1786 Flatbush Avenue, Brooklyn, New York. Allay was formed on June 29, 2015. Pavlova is the sole original shareholder, director, officer, and incorporator of Allay. Since its formation, Allay has submitted bills to State Farm Mutual or State Farm Fire for services purportedly performed at 1786 Flatbush by Parisien, Renee Denobrega, N.P. ("Denobrega"), and Sujanta Rangrao Dhone, P.T.

28. FJL Medical is a domestic professional corporation organized under the laws of New York with its principal place of business at 2609 E. 14th Street, Ste. 323, Brooklyn, New York. FJL Medical was formed on June 24, 2016. Lacina is the sole original shareholder, director, officer, and incorporator of FJL Medical. Since its formation, FJL Medical has submitted bills to State Farm Mutual or State Farm Fire for services purportedly performed at 1786 Flatbush by Lacina.

29. JFL Medical is a domestic professional corporation organized under the laws of New York with its principal place of business at 2609 E. 14th Street, Ste. 323, Brooklyn, New York. JFL Medical was formed on September 23, 2016. Lacina is the sole original shareholder,

director, officer, and incorporator of JFL Medical. Since its formation, JFL Medical has submitted bills to State Farm Mutual or State Farm Fire for services purportedly performed at 1786 Flatbush by Lacina and Denobrega.

30. JPF Medical is a domestic professional corporation organized under the laws of New York with its principal place of business at 329 Surrey Drive, New Rochelle, New York. JPF Medical was formed on September 23, 2016. Since its formation, JPF Medical has submitted bills to State Farm Mutual or State Farm Fire for services purportedly performed at 1786 Flatbush by Parisien and Denobrega.

31. KP Medical is a domestic professional corporation organized under the laws of New York with its principal place of business at 3000 Ocean Parkway, Ste. 8G, Brooklyn, New York. KP Medical was formed on October 28, 2016. Pavlova is the sole original shareholder, director, officer, and incorporator of KP Medical. Since its formation, KP Medical has submitted bills to State Farm Mutual or State Farm Fire for services purportedly performed by Parisien and Denobrega.

32. PFJ Medical is a domestic professional corporation organized under the laws of New York with its principal place of business at 1786 Flatbush Avenue, Brooklyn, New York. PFJ Medical was formed on July 31, 2015. Parisien is the sole original shareholder, director, officer, and incorporator of PFJ Medical. Since its formation, PFJ Medical has submitted bills to State Farm Mutual or State Farm Fire for services purportedly performed at 1786 Flatbush by Parisien, Denobrega, and others.

33. RA Medical is a domestic professional corporation organized under the laws of New York with its principal place of business at 1786 Flatbush Avenue, Brooklyn, New York. RA Medical was formed on November 9, 2015. Lacina is the sole original shareholder, director,

officer, and incorporator of RA Medical. Since its formation, RA Medical has submitted bills to State Farm Mutual or State Farm Fire for services purportedly performed at 1786 Flatbush by Lacina.

3. The Chiropractor Defendants

34. Mollo resides in and is a citizen of New York. Mollo is a licensed chiropractor in New York. Mollo is the purported owner of Mollo P.C., ACH Chiropractic, Energy Chiropractic, and Island Life.

35. Mollo P.C. is a domestic professional corporation organized under the laws of New York with its principal place of business in East Northport, New York. Mollo P.C. was formed on May 15, 2001. Mollo is the sole original shareholder, director, and officer of Mollo P.C.

36. ACH Chiropractic is a domestic professional corporation organized under the laws of New York with its principal place of business at 1786 Flatbush Avenue, Brooklyn, New York. ACH Chiropractic was formed on September 28, 2015. Mollo is the sole original shareholder, director, officer, and incorporator of ACH Chiropractic.

37. Energy Chiropractic is a domestic professional corporation organized under the laws of New York with its principal place of business at 1786 Flatbush Avenue, Brooklyn, New York. Energy Chiropractic was formed on October 26, 2016. Mollo is the sole original shareholder, director, officer, and incorporator of Energy Chiropractic.

38. Island Life is a domestic professional service limited liability company organized under the laws of New York with its principal place of business in Deer Park, New York. Island Life was formed on September 2, 2010. Mollo is the sole original member and manager of Island Life.

4. The Acupuncture Defendants

39. Deng resides in and is a citizen of New York. Deng is licensed as an acupuncturist in New York and owns Deng Acupuncture.

40. Deng Acupuncture is a domestic professional corporation organized under the laws of New York with its principal place of business in New York, New York. It was formed on October 24, 2000.

5. The Physical Therapist Defendants

41. Mariano resides in and is a citizen of New York. Mariano is a licensed physical therapist and owns DM Physical Therapy, P.C. Mariano's services at 1786 Flatbush are billed to State Farm Mutual or State Farm Fire under the names and tax identification numbers of one or more of the Physician Defendants.

42. Masigla resides in and is a citizen of Florida. Masigla is a licensed physical therapist and owns MSB. Masigla's services at 1786 Flatbush are billed to State Farm Mutual or State Farm Fire under the names and tax identification numbers of one or more of the Physician Defendants.

43. MSB is a domestic professional corporation organized under the laws of New York with its principal place of business at 1786 Flatbush Avenue, Brooklyn, New York. It was formed on April 1, 2016. Masigla is the sole original shareholder, director, officer, and incorporator of MSB.

6. The DME Defendants

44. Maiga is a domestic business corporation organized under the laws of New York with its principal place of business in New York, New York. Maiga was formed on July 9, 2012, and is purportedly owned by Borisevica.

45. Madison is a domestic business corporation organized under the laws of New York with its principal place of business in New York, New York. Madison was formed on November 7, 2013, and is purportedly owned by Semenov.

46. Quality Custom is a domestic business corporation organized under the laws of New York with its principal place of business in New York, New York. Quality Custom was formed on March 31, 2011, and is purportedly owned by Vladimir Verbitsky.

47. Buslon resides in and is a citizen of Florida. Buslon owns on paper at least two DME Defendants, Quality Health and AB Quality, and has also purportedly acquired an ownership interest in any outstanding unpaid claims of Maiga, Madison, and PHCP. Buslon is married to Masigla.

48. Quality Health is a domestic business corporation organized under the laws of New York with its principal place of business in New York, New York. Quality Health was formed on June 3, 2015, and is purportedly owned by Buslon.

49. PHCP is a domestic business corporation organized under the laws of New York with its principal place of business in New York, New York. PHCP was formed on March 26, 2015. Valentyna Diker is the incorporator of PHCP.

50. AB Quality is a domestic business corporation organized under the laws of New York with its principal place of business in New York, New York. AB Quality was formed on July 19, 2016, and is purportedly owned by Buslon.

IV. ALLEGATIONS COMMON TO ALL COUNTS

A. The New York No-Fault Laws

1. Claims for Payment Under the No-Fault Laws

51. State Farm Mutual and State Farm Fire underwrite automobile insurance in New York.

52. Under New York's Comprehensive Motor Vehicle Insurance Reparations Act (N.Y. Ins. Law § 5101 *et seq.*) and the regulations promulgated thereto (11 N.Y.C.R.R. § 65 *et seq.*) (collectively, the "No-Fault Laws"), automobile insurers are required to provide No-Fault Benefits to insureds.

53. No-Fault Benefits include up to \$50,000 per insured for necessary expenses incurred for various healthcare goods and services.

54. An insured can assign his or her right to No-Fault Benefits to the providers of healthcare services in exchange for those services. Pursuant to a duly executed assignment, a healthcare provider may submit claims directly to insurance companies and receive payment for necessary medical services.

55. Pursuant to Section 403 of the New York State Insurance Law, the verification of treatment form submitted by healthcare providers to State Farm Mutual, State Farm Fire, and all other insurers must be signed by the healthcare providers subject to the following warning:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

2. The No-Fault Laws Prohibit Ownership of Professional Service Corporations by Unlicensed Laypersons

56. The New York Legislature has established a comprehensive statutory framework, including the Business Corporation, Education, and Public Health Laws, to ensure that professional healthcare services are rendered only by individuals who are duly licensed to practice those professions and that such individuals are employed only by entities that are themselves lawfully licensed or otherwise legally authorized to provide such services. This legal framework bars individuals who are not subject to state professional licensing requirements and

ongoing regulatory oversight from controlling, exercising undue influence over, or deriving economic benefit from the practice of a profession.

57. Pursuant to the No-Fault Laws, professional corporations are not eligible to bill for or collect No-Fault Benefits if they are fraudulently incorporated. In New York, only a licensed healthcare professional may practice an applicable healthcare profession; own and control a professional service corporation authorized to practice healthcare services including medicine, chiropractic, acupuncture, and physical therapy; employ and supervise other healthcare professionals; and, absent statutory exceptions, derive economic benefit from the services.

58. Recognizing the fundamental importance of these laws prohibiting the corporate practice of medicine in safeguarding the public health, safety, and welfare, the New York Legislature has made it a felony offense for anyone to deliberately circumvent these laws, as well as an act of professional misconduct for any licensed individual or professional service corporation to do so. *See* N.Y. Bus. Corp. Law §§ 1203(b), 1503(b), 1507, 1508, 1511; N.Y. Educ. Law §§ 6507(4)(c), 6512, 6530(1) & (21); 8 N.Y.C.R.R. § 29.1(b)(6); Penal Law Article 175; N.Y. Ltd. Liab. Co. Law § 1201 *et seq.*

59. Consistent with the public policies underlying New York's ban on the corporate practice of medicine, the No-Fault Laws also prohibit professional corporations that are secretly owned and controlled by laypersons from receiving No-Fault Benefits for professional health services. *See* 11 N.Y.C.R.R. § 65-3.16(a)(12).

3. The No-Fault Laws Prohibit Kickbacks

60. Under New York law, it is unlawful for any physician, chiropractor, acupuncturist, or physical therapist, directly or indirectly, to offer, give, solicit, receive, or agree to receive any fee or other consideration to or from a third party for the referral of a patient or in

connection with the performance of professional services. *See* N.Y. Educ. Law § 6530(18); 8 N.Y.C.R.R. § 29.1(b)(3).

61. Under New York law, it is unlawful for a licensed physician, chiropractor, acupuncturist, or physical therapist to exercise undue influence on a patient, including the promotion or sale of goods or services in such a manner as to exploit the patient for the financial gain of the physician or of a third party. *See* N.Y. Educ. Law § 6530(17); 8 N.Y.C.R.R. § 29.1(b)(2).

62. Under New York law, it is unlawful for a physician, chiropractor, acupuncturist, or physical therapist to share professional fees, including arrangements where payments are made in exchange for furnishing space, facilities, equipment, or personal services, including any arrangement or agreement whereby the amount received in payment for furnishing space, facilities, equipment, or personal services used is dependent upon the income or receipts of the licensee from such practice. *See* N.Y. Educ. Law § 6530(19); 8 N.Y.C.R.R. § 29.1(b)(4).

63. Under New York Public Health Law Section 238-a, a practitioner authorized to order physical therapy services may not make a referral for such services to a healthcare provider authorized to provide such services where such practitioner has a financial relationship with such healthcare provider. *See also* 10 N.Y.C.R.R. § 34-1.3; N.Y. Pub. Health Law § 238(6) (“‘Health care provider’ shall mean a practitioner in an individual practice, group practice, partnership, professional corporation or other authorized form of association, . . . and any other purveyor of health or health related items or services . . . a purveyor of health or health related supplies, appliances or equipment . . .”). A financial relationship includes a compensation arrangement and includes an arrangement with a healthcare provider that is in excess of fair market value or

which provides compensation that varies directly or indirectly based on the volume or value of any referrals or business between the parties. *See* N.Y. Pub. Health Law §§ 238(3) & 238-d.

64. Under New York law, it is unlawful for a physician, chiropractor, or physical therapist to make a referral for certain services to a healthcare provider where the physician or chiropractor has a compensation arrangement with the healthcare provider that either exceeds fair market value or that provides compensation that varies directly or indirectly on the value of referrals without disclosing the relationship to the patient. *See id.* § 238-d(1)(b). Any disclosure must not only reveal to the patient the existence of the financial relationship, but must also inform the patient of her right to use a “specifically identified alternative” healthcare provider. *See id.* § 238-d(2). Any violation of Public Health Law Section 238-d by physicians also constitutes professional misconduct under New York Education Law Section 6530(48).

4. Services Rendered in Violation of New York Law Are Not Reimbursable

65. The implementing regulation adopted by the Superintendent of Insurance, 11 N.Y.C.R.R. § 65-3.16(a)(12), states in relevant part, as follows:

A provider of health care services is not eligible for reimbursement under section 5102(a)(1) of the Insurance Law if the provider fails to meet any applicable New York State or local licensing requirement necessary to perform such service in New York

66. Thus, any violation of a licensing law in connection with services provided to patients would render the provider ineligible for reimbursement under the No-Fault Laws, and under the circumstances, it would be unlawful and inequitable to allow any party to any arrangement that violated such licensing laws to retain any benefit from such arrangement. *See* 11 N.Y.C.R.R. § 65-3.16(a)(12).

67. If any defendant violated any of the licensing laws described above in connection with the services at issue in the claim described herein, then such defendant would be ineligible

for reimbursement under the No-Fault Laws, and under the circumstances, it would be unlawful and inequitable to allow such defendant or any defendant who was a party to such arrangement to retain any benefits from such arrangement. *See* 11 N.Y.C.R.R. § 65-3.16(a)(12).

5. New York Law Authorizes Taking Examinations Under Oath

68. Also, New York Law allows an insurer to request that a provider appear for an examination under oath (“EUO”), and the failure of a provider to appear for a timely requested EUO constitutes a breach of a condition precedent to coverage, rendering it ineligible for No-Fault Benefits. *See* 11 N.Y.C.R.R. § 65-1.1 (providing that the Mandatory Personal Injury Protection Endorsement shall contain the following language: “upon request by the [insurer] the eligible injured person or that person’s assignee . . . shall: . . . (b) as may reasonably be required, submit to an examination under oath”); *Hertz Corp. v. Active Care Med. Supply Corp.*, 1 N.Y.S. 3d 43, 45 (N.Y. App. Div. 2015) (“defendants’ failure to attend the EUOs is a violation of a condition precedent to coverage that vitiates the policy”).

B. The Rybaks’ Involvement in Medical Clinics in New York

69. In 1994, Tatiana Rybak moved to the United States from Ukraine — where she and her former husband owned a business that provided supplies to hospitals and employed over 2,000 people — after becoming wanted for arrest on embezzlement charges.

70. Shortly after moving to the United States, in the mid-to-late 1990s, Tatiana Rybak became involved with medical clinics that provide services to individuals who have been injured in automobile accidents (“No-Fault Clinics”) and that submit fraudulent claims for reimbursement to insurance carriers. Later, by at least 2009, her son Oleg Rybak became involved as well. The history of these earlier clinics run by the Rybaks is notable because 1786 Flatbush was their successor and the same methods employed to unlawfully own, control, and

profit from the earlier clinics were used to unlawfully own, control, and profit from 1786 Flatbush.

71. As described next, from approximately 1996 through 1999, Tatiana Rybak and others unlawfully owned and controlled No-Fault Clinics that operated out of at least four New York locations. From approximately 2000 until the fall of 2013, Tatiana Rybak and others unlawfully owned and controlled a No-Fault Clinic at 1468 Flatbush Avenue in Brooklyn. Oleg Rybak participated in, facilitated, and profited from the operation of 1468 Flatbush. When 1468 Flatbush ceased operations, its activities moved to 1786 Flatbush.

1. Tatiana Rybak Owned and Controlled Clinics at Multiple New York Locations in the Late 1990s

72. After arriving in New York, Tatiana Rybak met Paul Schneider (“Schneider”) and together they opened several businesses, including a grocery store, an imported fashion boutique, and two healthcare businesses — TMR Medibill, Inc. (“TMR”) and Paultat Alert Management Corp. (“Paultat”). TMR, formed in 1996, purportedly provided billing and collection services to healthcare providers. Paultat, according to an affidavit signed by Schneider, provided “management support services” for healthcare professionals, which included operating healthcare facilities, paying rent and utility costs, supplying personnel, recruiting and hiring staff, patient intake, “appointments, scheduling of patients, storage of patient records, assistance in developing fee schedules as well as the development and implementation of computerized billing systems,” communicating “with all suppliers, third-party payors,” and “collect[ing] . . . funds on behalf of the doctors for all professional services performed by the doctors.” “In short,” Schneider stated, “Paultat assists the physicians in the general management of medical facilities, and deals with all business aspects therein.”

73. TMR and Paultat purported to provide services to professional corporations operating at 1300 Flatbush Avenue, Brooklyn, and 2320 Avenue U, Brooklyn. In addition, Schneider and Tatiana Rybak also operated clinics at 1932 Rockaway Parkway, Brooklyn, and 190-02 Jamaica Avenue, Hollis, New York. The clinics operating at 1300 Flatbush Avenue, 2320 Avenue U, 1932 Rockaway Parkway, and 190-02 Jamaica Avenue are referred to as the “Original Clinic Locations.”

74. Schneider and Tatiana Rybak owned the real estate at the Original Clinic Locations. By February 1999, however, Schneider had transferred his interest in all but one of the four properties to Tatiana Rybak. Tatiana Rybak’s ability to control the physical space at which a No-Fault Clinic operated was an important component of her schemes over the years, and a feature that would be repeated, though with modifications, at later clinics.

75. Yet another component of the scheme was the establishment of professional service corporations through which services could be rendered and billed to insurers. The professional corporations appeared to be owned on paper by licensed healthcare professionals. Operating at the Original Clinic Locations were a series of medical professional corporations owned on paper by Dr. Robert Mallela and Dr. Jatindr Bakshi.

76. According to an affidavit signed by Tatiana Rybak, almost all of the revenues of Paultat and TMR (the purported healthcare management businesses owned by Tatiana Rybak and Schneider) came from the professional corporations owned by Dr. Bakshi and Dr. Mallela. In his affidavit, Schneider stated that medical practices managed by Paultat produced gross billings of \$20 million per year, resulting in income to Paultat for its services of \$4 million per year.

77. The activity at the Original Clinic Locations between approximately 1996 to approximately 1999 resulted in a series of criminal, disciplinary, and other legal proceedings that

established, among other things, that professional healthcare corporations operating at these addresses had submitted fraudulent insurance claims and that professional healthcare corporations at these addresses were not owned and controlled by the licensed healthcare professionals who purportedly owned them on paper but by laypersons, including Tatiana Rybak. These proceedings included: (a) a civil suit between Tatiana Rybak and Schneider over the ownership and control of Paultat (*Paul Schneider v. Tatiana Rybak, et al.*, Index No. 98-018835 (Nassau Cty., N.Y. Aug. 14, 1998)); (b) disciplinary proceedings in which the New York Office of Professional Medical Conduct (“OPMC”) restricted Dr. Bakshi’s medical license based on multiple “failures to take adequate patient histories, keep accurate records and record information regarding referrals” (*In re Jatinder S. Bakshi v. N.Y. State Dep’t of Health*, Case No. 505720 (N.Y. App. Div. Mar. 11, 2010)); (c) OPMC disciplinary proceedings against Dr. Mallela in which he was required to surrender his medical license in June 2005 after he admitted to fraudulently incorporating his professional corporation and allowing it to be controlled by non-licensed individuals (*see* Jan. 8, 2005 Surrender Order, *In re Robert Chandran Mallela, M.D.*, No. 05-07, N.Y. Bd. Prof’l Med. Conduct); (d) a June 1999 140-count indictment returned by a Kings County Grand Jury against Tatiana Rybak, and several others, based, among other things, on activity at the Original Clinic Locations that charged Tatiana Rybak with Enterprise Corruption, insurance fraud, and fraudulently billing for medically unnecessary evaluations and therapy services, DME, and diagnostic testing services; (e) an October 1999 guilty plea by Tatiana Rybak to charges of attempted Enterprise Corruption in violation of N.Y. Penal Law 460.20(1)(a), participation in a scheme to defraud in the first degree in violation of N.Y. Penal Law 190.65(1)(a), and twelve counts of insurance fraud in violation of N.Y. Penal Law 176.05(1); (f) a January 2000 lawsuit by Allstate Insurance Company and other insurers alleging

RICO and other claims against Tatiana Rybak, Schneider, Dr. Bakshi, Dr. Mallela, and several other healthcare providers to recover more than \$5 million arising out of activity at the Original Clinic Locations (*Allstate Ins. Co., et al. v. TMR Medibill Inc., et al.*, No. 2000-cv-00002-NGG-VVP (E.D.N.Y.)) (the “Allstate Case”); and (g) an August 2000 lawsuit by State Farm Mutual against Tatiana Rybak, Schneider, Dr. Mallela, and several others alleging that unlicensed defendants Tatiana Rybak and Schneider falsely used the names of the licensed defendants to fraudulently incorporate professional corporations and, as a result, the professional corporations were not entitled to reimbursement. *State Farm Mut. Auto. Ins. Co. v. Robert Mallela, et al.*, Case No. 2000-cv-04923-CPS (E.D.N.Y.); *see State Farm Mut. Auto. Ins. Co. v. Mallela*, 175 F. Supp. 2d 401 (E.D.N.Y. 2001).

78. These proceedings established that Tatiana Rybak had orchestrated what the District Judge in the Allstate Case called an “elaborate and sophisticated insurance fraud scheme.” The news media, in commenting on the proceedings, described Tatiana Rybak as the “city’s reigning czarina of auto-insurance fraud” who “was motivated by money, and everything she did was intended to generate more and more cash” to furnish her lavish lifestyle of luxury apartments, yachts, Mercedes Benz automobiles, and expensive diamond jewelry. *Czarina’ Reigned Over Insure Scams – Rip-Offs Kept Her in Gems & Yachts*, N.Y. Post (June 26, 2000).

79. As Tatiana Rybak admitted in her criminal guilty plea and as several courts found in civil proceedings, Tatiana Rybak along with others unlawfully owned and controlled the professional corporations operating at the Original Clinic Locations. *State Farm Mut. Auto. Ins. Co. v. Mallela*, 175 F. Supp. 2d 401, 405 (E.D.N.Y. 2001) (“On October 27, 1999, Rybuk [*sic*] pled guilty in New York State court to the felonies of attempted enterprise corruption, a scheme to defraud, and twelve counts of insurance fraud and admitted that she owned and controlled

several unlawfully licensed professional service corporations, including defendants Avenue U [Medical Services, P.C.], Canarsie [Medical Services, P.C.], and Flatbush [Medical Services, P.C.]”); Jan. 8, 2005 Surrender Order at 3, *In re Robert Chandran Mallela, M.D.*, No. 05-07, N.Y. Bd. Prof’l Med. Conduct (“Respondent directed and/or allowed non-physicians to establish, control, and operate Avenue U Medical Services, P.C., unlawfully”); *Allstate Ins. Co. v. TMR Medibill Inc.*, 2000 WL 34011895, at *4 (E.D.N.Y. July 13, 2000). When he surrendered his license in January 2005, Dr. Mallela admitted to practicing medicine with intent to defraud insurance companies in proceedings that included charges that he had engaged in “concerted actions with non-physicians to allegedly establish, control and operate . . . professional medical corporation[s].” He also signed an affidavit stating that Tatiana Rybak “owned” three medical professional corporations at the Original Clinic Locations.

80. In particular, Tatiana Rybak entered into arrangements with doctors like Dr. Bakshi, Dr. Mallela, and Dr. Zenaida Amayo Reyes-Arguelles (“Dr. Arguelles”), who were not board certified in any specialty. These physicians formed professional medical corporations that they purported to own on paper. Paultat and TMR, or other entities, would purport to perform services for the professional service corporations in exchange for fees, but payments to Paultat and TMR far exceeded the value of any services.

81. Tatiana Rybak and others used Paultat and TMR to secretly siphon to themselves profits from the professional medical corporations that they unlawfully owned and controlled. Some profits were siphoned under the guise of management agreements between purported managers and the professional healthcare corporations owned on paper by licensed physicians or purportedly to pay for the “rent” of space at the No-Fault Clinic. Thus, for example, Paultat and TMR had entered into Management and Assistant Agreements with, at least, Mallela Robert

Chandran Radiological Services, P.C., Mallela Chandran Radiology Services, P.C., and Bakshi Medical Services. Under these agreements, and according to Schneider's affidavit, the professional corporations paid for services under a fee schedule in which they were charged an hourly rate for all services, as well as an hourly rate for rent. There is no legitimate reason why professional corporations would pay rent on an hourly basis.

82. The district court in the Allstate Case, in granting a preliminary injunction to block the dissipation of assets pending trial, observed that a significant amount of money flowed from the medical clinics operating at the Original Clinic Locations to realty companies controlled by Tatiana Rybak. *TMR Medibill*, 2000 WL 34011895, at *11. The district court found that Tatiana Rybak's explanation that these payments were for rent was "suspect," because cancelled checks indicated that the amounts paid in "rent" could fluctuate as much as \$5,000 from month to month and none of the clinics had lease agreements with the realty companies. *Id.* In reaching this conclusion, the district court considered that Tatiana Rybak arranged for checks from insurers payable to the professional corporations to be delivered to a post office box she controlled, and then deposited into the professional corporations' respective bank accounts, which were all maintained at the same branch of Chase bank. *Id.* at *4. The court also found that after Tatiana Rybak became aware of the criminal case against her, she caused the professional corporations she controlled to "funnel[] money from the fraud scheme into the realty companies' coffers." *Id.* at *16. Similarly, the district court found that Tatiana Rybak had engaged in suspicious transactions to conceal her assets to avoid the insurers' efforts to attach those properties. For example, Tatiana Rybak sold her apartment "under suspicious circumstances."

83. An element of the scheme charged in the indictment involved the use of multiple professional healthcare corporations that operated under different names and “changed [their] names to defraud insurance carriers into believing that newly named clinics were independent of each other.” *New York v. Tatiana Rybuk, et al.*, Indictment No. 427099 (Kings Cty. N.Y. June 20, 1999) ¶ 6 (“Indictment”). The practice of setting up multiple corporations in the names of licensed healthcare professionals and then rendering healthcare services through multiple corporations with different names and tax identification numbers to conceal their connections was a component of the scheme that would be repeated through later No-Fault Clinics, including 1786 Flatbush.

84. According to the Indictment and Tatiana Rybak’s guilty plea, patients were obtained through payments to persons known as “steerers” who brought individuals who had purportedly been in automobile accidents to the clinics to be treated as patients.

85. The clinics, as Tatiana Rybak admitted in her guilty plea, submitted fraudulent insurance claims that included, among other things, falsified physical therapy progress notes and false bills and records for nerve block injections and DME. As the district court described in the Allstate Case, “defendants billed patients for medical visits, procedures, and diagnostic tests that were either never rendered or were medically unnecessary; altered test dates and results to justify extensive physical therapy and diagnostic testing; created false physical therapy progress notes reflecting treatments that were never rendered; and submitted fraudulent wholesale invoices to verify DME sales.” *TMR Medibill*, 2000 WL 34011895, at *4.

86. In October 1999, Tatiana Rybak entered a guilty plea in the criminal case, was sentenced to five years’ probation, was ordered, among other things, to pay \$1 million in restitution, and agreed she would “not engage in any employment related to the insurance

industry, including no-fault insurance, personal injury or health insurance” for a period of five years. Ex. 10.

2. Tatiana Rybak Secretly and Unlawfully Owned and Controlled 1468 Flatbush Avenue

87. Although Tatiana Rybak’s criminal sentence prohibited any employment related to the No-Fault insurance industry for five years, within months of her 1999 guilty plea, Tatiana Rybak began to secretly and unlawfully own and control another clinic treating patients eligible for No-Fault Benefits located at 1468 Flatbush, Brooklyn, just a few blocks from the 1300 Flatbush Avenue location charged in the indictment. The clinic at 1468 Flatbush operated from at least early 2000 until approximately August 2013. By at least 2009, Oleg Rybak knowingly participated in, facilitated, and profited from activity at 1468 Flatbush.

88. As at the Original Clinic Locations, at 1468 Flatbush, services were rendered through professional service corporations owned on paper by licensed healthcare professionals. In fact, those licensed healthcare professionals did not own or control their practices. Rather, Tatiana Rybak secretly and unlawfully owned and controlled the professional corporations operating out of 1468 Flatbush with the support of Oleg Rybak, and profits were siphoned to Tatiana and Oleg Rybak through a variety of means. The licensed physicians who operated at 1468 Flatbush included Dr. Jaime Gabriel Gutierrez (“Dr. Gutierrez”), Dr. Jean-Claude Compas (“Dr. Compas”), and Dr. Arguelles, who was one of the physicians who Tatiana Rybak admitted to criminally conspiring with in her 1999 guilty plea.

a. The Rybaks Controlled the Practice of Dr. Gutierrez at 1468 Flatbush

89. As Dr. Gutierrez explained in testimony¹ regarding his medical practice at 1468 Flatbush, his medical professional corporations billed for services there, and the proceeds they generated were controlled by the Rybaks.

90. Dr. Gutierrez was trained as a plastic surgeon, and from 2006 to 2009, performed Botox injections, laser, and other cosmetic surgery procedures at Miami health spas. *See* BPMC Hr’g Tr., Nov. 21, 2016, *In the Matter of Jaime Gabriel Gutierrez*.

91. One Miami cosmetic surgery spa at which Dr. Gutierrez worked was the Anti-Aging Aesthetic and Laser Center Inc., (“Anti-Aging Spa”) which was owned by Oleg Rybak. Tatiana Rybak worked there as a facial specialist. Dr. Arguelles was the medical director.

92. At the Anti-Aging Spa, Dr. Gutierrez met Tatiana Rybak and Dr. Compas, who was also treating patients at 1468 Flatbush in Brooklyn. Dr. Compas encouraged Dr. Gutierrez to come to New York to treat automobile accident patients at 1468 Flatbush.

93. Although Dr. Gutierrez’s training and background were in plastic surgery, in January 2011, Dr. Gutierrez began traveling from Miami to Brooklyn to treat automobile accident patients at 1468 Flatbush. Initially, he treated patients and submitted bills under his own name and social security number, but in April 2011 and September 2011, respectively, formed Alleviation Medical Services P.C. (“Alleviation”) and JGG Medical Care P.C., both of which Dr. Gutierrez owned on paper. Dr. Gutierrez began submitting bills to insurance companies through Alleviation.

¹ Dr. Gutierrez offered sworn testimony both before the BPMC and in a separate civil lawsuit in Bronx County Supreme Court (*see infra* ¶¶ 95–101) in which he detailed the operations at 1468 Flatbush and described the roles of Tatiana Rybak and her son, attorney Oleg Rybak.

94. Dr. Gutierrez testified that he did not know how to prepare New York No-Fault bills because he had been practicing a different field of medicine in a different state. Thus, Dr. Compas directed him to speak to the Rybak Law Firm, for which Oleg Rybak was the principal. Dr. Gutierrez entered into a billing arrangement with the Rybak Law Firm. Under the arrangement, the Rybak Law Firm handled Dr. Gutierrez's billing in exchange for 7% of his collections. Dr. Gutierrez said he worked with a Rybak Law Firm employee, Natasha a/k/a Natalya Tokar ("Tokar"). According to Dr. Gutierrez, Tokar was responsible for managing and overseeing the billing operations on behalf of the Rybak Law Firm.

95. Dr. Gutierrez testified that, at some point, the "Rybak Firm . . . pretty much ended up being controlling [*sic*] my whole practice, and that's not okay." When asked if he owned his professional healthcare corporation Alleviation, Dr. Gutierrez testified, "I was under the impression that I had full control of the corporation when in reality I was not in full control. And I was living under an illusion of control, meaning that Natasha [Tokar, an employee of the Rybak Law Firm] was actually overseeing my billing and making decisions on my behalf without informing me what she was doing . . . by the order of Oleg Rybak, as I had been assured by Natasha herself."

96. Dr. Gutierrez explained that the Rybak Law Firm prepared his bills and both the firm and Tatiana Rybak exercised control over the reimbursements he received from insurers for the healthcare services provided to patients. Checks from insurers were sent to a mailbox at Mailboxes, Etc., in Brooklyn, which Dr. Gutierrez established with Tatiana Rybak. Dr. Gutierrez said he drove with Tatiana Rybak and her son Sergey to rent the mailbox, which Dr. Gutierrez paid for using an HSBC credit card that an HSBC Bank branch manager with whom Tatiana Rybak had a relationship, Lystra Moore-Besson ("Moore-Besson"), had helped him

open. Dr. Gutierrez testified that he gave keys to the mailbox to Tokar and that the Rybak Law Firm had access to the mailbox and collected and deposited his checks.

97. In 2011, Dr. Gutierrez opened a billing office for what was purportedly his healthcare corporation, Alleviation, that was adjacent to the office of the Rybak Law Firm. Alleviation's employees were supervised by Tokar. In summer 2012, when the Rybak Law Firm moved its office, Dr. Gutierrez allowed the firm to take his medical practice's records to the firm's new offices. Tatiana Rybak and Oleg Rybak also arranged for CPA Norman Weisman to serve as the accountant and prepare the tax returns for Dr. Gutierrez and his professional corporations, which Weisman did using information provided by Tokar.

b. Dr. Gutierrez Testified that the Rybaks Controlled the Proceeds of His Practice at 1468 Flatbush

98. Dr. Gutierrez also testified about how Tatiana Rybak, Oleg Rybak, and the Rybak Law Firm exercised control over the funds received by his practice. Specifically, Tokar, an employee of the Rybak Law Firm, instructed Dr. Gutierrez to write checks to various individuals purportedly for employee payroll or other practice expenses. Dr. Gutierrez agreed to provide Tokar with a checkbook containing checks that Dr. Gutierrez had already pre-signed with his signature. Dr. Gutierrez also testified that many of the checks he wrote were given by Tokar to Tatiana Rybak, who used her connection at HSBC Bank, branch manager Moore-Besson, to arrange for tellers to cash the checks. Branch manager Moore-Besson testified in her deposition that she has known Tatiana Rybak since the 1990s. According to records from the securities regulatory agency FINRA, Moore-Besson was terminated by HSBC in 2016 and later permanently barred from the securities industry for failing to respond to a FINRA inquiry after HSBC reported that it "determined that [she] exercised poor judgment in failing to escalate

suspicious activities engaged in by these bank clients to which she was aware.” Moore-Besson testified that the HSBC investigation that led to her termination concerned the Rybak family.

99. Dr. Gutierrez testified that Oleg Rybak requested that Dr. Gutierrez write checks as gifts, including to another attorney with whom Oleg Rybak was associated. He also stated that Tokar mailed checks drawn on accounts of Dr. Gutierrez’s professional corporations to Tatiana Rybak in Florida. At one point, Dr. Gutierrez testified that he saw Tatiana Rybak with Dr. Compas’s checkbook and that she evaded his questions about why she had it.

100. In September 2012, Dr. Gutierrez testified that while vacationing in Aruba with the office manager of 1468 Flatbush, Pavel Soltanov, and a TD Bank employee and their respective spouses, he was told by Soltanov that checks from insurance companies payable to healthcare providers for services at 1468 Flatbush were flown from New York to Florida and cashed there. At that point, after flying back from Aruba to New York, Dr. Gutierrez began taking steps to disassociate himself from Tatiana Rybak and Oleg Rybak.

101. On April 7, 2014, Dr. Gutierrez filed a civil lawsuit against Oleg Rybak, the Rybak Law Firm, and others in Bronx County Supreme Court. *See Jaime Gutierrez, et al. v. Oleg Rybak, et al.*, Index No. 260257-0214 (Bronx Cty. N.Y.) (hereinafter “*Gutierrez v. Rybak*”). Dr. Gutierrez sought an accounting of any escrow funds held by the Rybak Law Firm, a return of any business records, and an order voiding any liens over funds asserted by Rybak. The *Gutierrez v. Rybak* lawsuit alleged that between 2011 and 2012, the Rybak Law Firm filed numerous lawsuits on behalf of Dr. Gutierrez and collected “millions” of dollars, but had not paid the funds to Dr. Gutierrez. The suit also alleged that when the Rybak Law Firm moved offices in 2012, it took Dr. Gutierrez’s patient records and never returned them. According to the docket, the case was dismissed in December 2018.

c. Tatiana Rybak Controlled the Practice of Dr. Arguelles at 1468 Flatbush and the Rybaks Siphoned the Proceeds of that Practice to Themselves

102. In addition to Dr. Gutierrez, another physician who treated patients at 1468 Flatbush was Dr. Arguelles. As noted above, in the mid-1990s, Dr. Arguelles had treated patients at least at one of the Original Clinic Locations secretly and unlawfully owned and controlled by Tatiana Rybak, was one of the physicians with whom Tatiana Rybak admitted to criminally conspiring in her 1999 guilty plea, and was the medical director of the Anti-Aging Spa owned by Oleg Rybak.

103. Dr. Arguelles owned on paper three professional healthcare corporations that purported to treat patients at 1468 Flatbush, but, in fact, these entities were secretly and unlawfully owned and controlled by Tatiana Rybak and the profits siphoned to Tatiana Rybak and Oleg Rybak. Dr. Arguelles was the paper owner of (a) Uptodate Medical Services P.C. (“Uptodate Medical”), formed in August 1999, (b) Vincent Medical Services P.C. (“Vincent Medical”), formed in July 2004, and (c) Arguelles M.D., P.C. (“Arguelles P.C.”), formed in July 2006.

104. Dr. Arguelles was approximately 68 years old in 1999 when she began treating patients at 1468 Flatbush, and approximately 75 years old by 2006 when the last of these three professional corporations was formed.

105. In 2011, the OPMC disciplined Dr. Arguelles for billing for services not rendered, billing unwarranted and excessive medical services, making false reports, and improper record keeping at 1468 Flatbush. In October 2011, Dr. Arguelles surrendered her license for five years based on 54 counts of misconduct.

106. In a 2012 lawsuit, GEICO alleged that on June 30, 2011 and July 19, 2011, Dr. Arguelles gave testimony reflecting that she was unaware of many facts she should know if she

actually owned and controlled her professional service corporations operating at 1468 Flatbush, Arguelles P.C. and Vincent Medical. In particular, she testified that she did not know when her businesses at 1468 Flatbush opened, who incorporated them, whether they had written leases for the use of space, the amount of rent they paid, whether other providers operated at the location, the amount of overhead costs, the names of employees, the amount of profits, the location of the checkbook, or the names of the chiropractors who operated at the location and how much they paid in rent. *See Gov't Emps. Ins. Co. v. Zenaida Reyes-Arguelles, M.D. et al.*, Case No. 1:12-cv-01953-CBA-RLM (E.D.N.Y.), Compl. ¶¶ 41, 58 (Dkt 1).

d. Dr. Compas Was Forced to Surrender His Medical License Over Practices at 1468 Flatbush

107. Dr. Compas was also disciplined by OPMC and forced to surrender his license in January 2015 for his work at 1468 Flatbush based on his having submitted insurance claims for NCVs that deviated from medically accepted standards.

e. Bank Records Reflect that Tatiana and Oleg Rybak Siphoned Proceeds from the Medical Practices at 1468 Flatbush

108. Bank records reflect that Tatiana Rybak, Oleg Rybak, and others siphoned to themselves the proceeds from the professional service corporations that operated at 1468 Flatbush. In particular, Tatiana and Oleg Rybak owned and own residences, businesses, and real estate in Florida, including units at the Fontainebleu Hotel in Miami, units at the Oceania V in Sunny Isles, Florida, the Anti-Aging Spa, and a restaurant in Florida known as the Rybak Café. Multiple professional service corporations operating at 1468 Flatbush made payments to or, on information and belief, for the benefit of these ventures and to individuals who were associated either with these ventures or the Rybaks. There is no justification for these payments and no apparent reason multiple businesses operating out of 1468 Flatbush in New York would make them, unless they were covert methods for Tatiana and Oleg Rybak to siphon the profits of 1468

Flatbush to themselves and to conceal Tatiana Rybak's control. Indeed, the same types of transfers — from multiple professional service corporations to businesses and individuals in Florida — including to some of the very same individuals, would later be made by multiple professional corporations operating at 1786 Flatbush.

109. These transactions from 1468 Flatbush providers included the following:

a) Money from Dr. Arguelles's professional corporation Vincent Medical went to the Fontainebleu Hotel in Miami. In particular, between February and June 2006, Vincent Medical wrote checks to the Fontainebleu Hotel. Tatiana Rybak, Oleg Rybak, and Sergey Rybak, who is Tatiana's son and Oleg's brother, each owned condominium units at the Fontainebleu Hotel at the time of the transactions, and from at least 2015 to 2018 Oleg Rybak was vice president and secretary of the condominium association. Ex. 11 at 1.

b) Money from Dr. Arguelles's professional corporation Uptodate Medical went to Mayya Kushnir, an individual associated with the Rybaks' holdings at the Fontainebleu Hotel. In particular, between January and June 2004, Uptodate Medical wrote over \$45,000 in checks to Mayya Kushnir. Kushnir was an officer of OR, LLC and was the President of MOR Properties Inc. until at least March 2016. OR, LLC was owned by Oleg and Tatiana Rybak and used to purchase three units at the Fontainebleu Hotel in August 2008, which then were subsequently sold to MOR Properties, Inc. between May and July 2012. The president and director of MOR Properties, Inc. is Maximillian Kostyashkin, the youngest son of Tatiana Rybak. Ex. 12.

c) Money from Dr. Arguelles's professional corporations Uptodate Medical and Vincent Medical went to the Oceania V condominium, where Oleg Rybak and later Tatiana Rybak owned a unit. In particular, between February and May 2004, four checks drawn on the

account of Uptodate Medical were written to Oceania, and between May 2006 and October 2008, at least 14 checks drawn on the account of Vincent Medical were written to Oceania. Several of these checks were deposited into the account of the Oceania Property Ownership Association, the condominium association of the Oceania V condominium building at 19370 Collins Avenue, Sunny Isles Florida (the “Oceania V”). In November 2002, when they were still in college, Oleg and Sergey Rybak purchased a unit at the Oceania V and transferred it to Tatiana Rybak, who sold the unit in December 2011. Ex. 13.

d) Money from Dr. Arguelles’s professional corporation Vincent Medical went to an individual who was associated with the Rybaks’ Miami restaurant, the Rybak Café. In particular, between July 2008 and January 2009, Vincent Medical wrote almost \$5,000 in checks to Olga Sanchez, who worked at the Rybak Café and, according to Oleg Rybak’s testimony, was paid for her work as a notary public and an “expediter.” Ex. 11 at 1.

e) Money from Dr. Arguelles’s professional corporations Uptodate Medical and Vincent Medical went to a company and an individual who did design work on Tatiana Rybak’s residence, Oleg Rybak’s Anti-Aging Spa, and the Rybak Café. In particular, between July and November 2008, Uptodate Medical wrote over \$14,000 in checks to CMG International Design Group (“CMG”), a Miami design firm, and Milda Gutierrez, one of the principals of CMG, and between June and November 2008, Vincent Medical wrote over \$14,000 in checks to CMG and Milda Gutierrez. CMG and Milda Gutierrez decorated Tatiana Rybak’s personal residence in Miami, the Anti-Aging Spa owned by Oleg Rybak, and the Rybak Café. *Id.*.

f) Money from Dr. Arguelles’s professional corporation Vincent Medical went to Garrette Gray, in individual associated with the Rybak Café restaurant venture. In particular, between September 22, 2008 and December 6, 2008, Vincent Medical wrote over

\$5,000 in checks to Garrette Gray, the Rybak Café chef who assisted with the restaurant buildout. *Id.*

110. Bank records reflect payments from Dr. Arguelles’s professional corporations that appear to be for education expenses for Tatiana Rybak’s children, Oleg Rybak and Sergey Rybak. In particular, between December 28, 2003 and December 28, 2008, at least \$67,045 in checks drawn on the accounts of Uptodate Medical and Vincent Medical, each owned on paper by Dr. Arguelles, were written to a 529 college savings plan, and at least \$7,500 in checks drawn on the account of Uptodate Medical were written to New York University. During this same period, Oleg Rybak and Sergey Rybak were students at New York University. *Id.*

111. Bank records reflect that accounts of Clara Pantin, an employee of the Fontainebleau Hotel, were used to siphon proceeds from providers at 1468 Flatbush to Tatiana Rybak and Oleg Rybak. Pantin worked at the Fontainebleau Hotel condo in Miami Beach, Florida from March 2002 through June 2016 as an Office Manager for the sales department, and as the Director of Owner Services, where, according to her public LinkedIn profile, she was the “liaison between our Condo Owners and our Hotel Management,” and “provide[d] VIP Services.” Tatiana, Oleg, and Sergey Rybak each owned condominium units at the Fontainebleau Hotel. Pantin had bank accounts in Florida and at all times, on information and belief, resided in Florida. Nevertheless, at least some checks payable to Pantin from 1468 Flatbush providers were deposited in New York.

112. At least 17 providers who operated at 1468 Flatbush — Allay, Deng Acupuncture, Parisien, PFJ Medical, Pavlova, Island Life, Pierre Renelique, M.D., Adelaida Physical Therapy, P.C., Adelaida M. Laga, Amayao Medical, P.C., Arguelles P.C., Compas Medical, P.C., JCC Medical, P.C., Maiga, Masigla, Masigla Physical Therapy, P.C, and Vincent Medical — wrote

checks to Clara Pantin totaling over \$500,000 between April 2009 and April 2017. Over \$177,000 in checks were written by these entities to Pantin before August 2013, while the clinic at 1468 Flatbush was active. No check ever exceeded \$10,000. Checks were sometimes sequentially numbered or written on the same day or consecutive days. In June 2009, the Anti-Aging Spa in Miami owned by Oleg Rybak, issued a check to “Klara Pantin” for \$5,800, signed by Oleg Rybak. Ex. 14.

113. Remarkably, almost all of the deposits into one of Pantin’s accounts at TD Bank from May 2009 to November 2016 were from healthcare providers who treated patients at 1468 Flatbush and/or 1786 Flatbush. Pantin withdrew cash from her account through cash withdrawals or by writing checks payable to herself totaling at least \$60,000. Enormous sums were also charged on a Visa debit card linked to her account.

114. Multiple providers operating at 1468 Flatbush wrote checks to Vasila Queen, an associate of Tatiana Rybak and the owner of a hair and nail salon in Florida, which was located on the same street as the Oceania V condominium owned by Tatiana Rybak. In particular, at least 11 providers who operated at 1468 Flatbush — Adelaida M. Laga, Masigla, Adelaida Physical Therapy, P.C., Compas Medical, P.C., Parisien, JCC Medical, P.C., Pavlova, Allay, Masigla Physical Therapy, P.C., PFJ Medical, and Pierre J. Renelique, M.D. — wrote at least 59 checks that were deposited into the account of Vasila Queen totaling more than \$80,000 between February 1, 2012 and February 24, 2018. *See* Ex. 11 at 3. Over \$32,000 of these checks were deposited into Vasila Queen’s account before August 2013, while the clinic at 1468 Flatbush was active. Vasila Queen a/k/a Vasila Atabeva is the owner of Vasila Beauty & Health, Inc., which operates Studio By Vasila, a hair and nail salon spa located at the Trump International Hotel in Miami Beach, Florida, 18001 Collins Ave, Sunny Isles Beach, Florida. Vasila Beauty & Health

was involuntarily dissolved for failure to file its annual report on September 28, 2018. Queen was charged with petit larceny and theft in Dade County, Florida in 1996 and felony grand theft in 2000. In March 2012, Queen wrote a check for \$1,000 to Tatiana Rybak.

115. The ability of the Rybaks to control the proceeds of the professional corporations operating at 1468 Flatbush was reflected in an action brought by a Miami interior design firm against Tatiana Rybak, businesses owned by Tatiana, Oleg, and Sergey Rybak, and two of Dr. Arguelles's professional corporations, Arguelles P.C. and Vincent Medical. *See CMGINTD, Inc. d/b/a/ CMG Int'l Design Grp., Carlos Gutierrez & Milda Gutierrez v. Tatiana Rybak, Arguelles M.D., P.C., Fl. Storm Props., LLC, Rybak's Café, LLC, Vincent Med. Servs., P.C., & Anti-Aging Aesthetic Laser Ctr., Inc.*, Case No. 09-053480 CA 04 (11th Jud. Cir. Ct. Miami Dade Cty. Fl. Nov. 19, 2009) (the "CMG Lawsuit"). The plaintiffs in the CMG Lawsuit were hired to build out and furnish the Rybak Café, the Miami restaurant owned by Tatiana, Oleg, and Sergey Rybak and to do design work on Tatiana Rybak's personal apartment in Bal Harbor, Florida. Plaintiffs had been paid for that work with checks drawn on the bank accounts of a number of entities, including seven checks totaling more than \$51,000 from Arguelles P.C. and a \$5,000 check from Vincent Medical, both owned on paper by Dr. Arguelles. When the checks were returned for insufficient funds or stop payment orders, the interior design firm sued. In the lawsuit, Tatiana Rybak testified that Dr. Arguelles signed Arguelles P.C. and Vincent Medical checks at Tatiana Rybak's direction to satisfy a loan that Tatiana Rybak had made to Dr. Arguelles, but admitted that there was no documentation of the loan and she could not even remember the amount. Tatiana Rybak further testified that Dr. Arguelles would frequently provide her with pre-signed checks from Dr. Arguelles's bank accounts for Tatiana to use and that some of the checks at issue in the CMG Lawsuit were pre-signed by Dr. Arguelles and later

completed by Tatiana Rybak. When asked why she paid the design firm from the accounts of so many different entities, Tatiana Rybak testified, “wherever we have money we pay,” and “whenever we have money we pay, whatever company. . . . Personal money, business money. Business money is my money.” The jury returned a verdict for plaintiffs in April 2013, and the case settled during post-judgment proceedings.

116. In April 2012 and March 2013, GEICO filed two lawsuits based on activity at 1468 Flatbush against doctors and other healthcare professionals, medical professional corporations, and the office manager. *See Gov’t Emps. Ins. Co. v. Zenaida Reyes-Arguelles, M.D., et al.*, Case No. 1:12-cv-01953-CBA-RLM (E.D.N.Y.); *Gov’t Emps Ins. Co. v. Jean Claude Compas, M.D., et al.*, Case No. 1:13-cv-01290-CBA-RLM (E.D.N.Y.). Among other things, these lawsuits alleged that healthcare professionals were not the true owners of their medical professional corporations, management, billing and lease agreements were used to siphon the proceeds of the clinic and control the medical professional corporations, and substantial payments were made out of the accounts of the medical professional corporations, including some discussed above, to secure the proceeds of the practice. Shortly after discovery commenced in the actions, on October 7, 2013, GEICO filed a letter advising the Court of a settlement, and the cases were dismissed without prejudice in October 2013.

C. The Rybaks Establish 1786 Flatbush Avenue

117. With the two GEICO lawsuits in 2012 and 2013 and the Gutierrez suit in 2014 drawing attention to activity at 1468 Flatbush, Tatiana and Oleg Rybak needed a new location. They moved to 1786 Flatbush, which was only a few blocks down the street from 1468 Flatbush. By fall 2013, services rendered at 1468 Flatbush had slowed. Beginning in approximately August 2013, services rendered at 1786 Flatbush began to be billed regularly to State Farm Mutual and State Farm Fire.

1. The Rybaks Controlled the Physical Space at 1786 Flatbush Through a Family Member

118. As at prior No-Fault Clinics, the Rybaks' scheme depended on the control of the physical space at which 1786 Flatbush would operate. The Rybaks, however, had learned through Tatiana Rybak's prior criminal conviction and prior civil litigation that they could not be directly or publicly linked to real estate where they operated their No-Fault Clinics. Thus, neither Tatiana Rybak nor Oleg Rybak were publicly identified with the property at 1786 Flatbush. Rather, clinic space at 1786 Flatbush was leased from the building owner, Kings & Queens Holdings, LLC, by a relative — Ksenia Pavlova — though the lease documentation reflects their connections to the property. Pavlova, a physician who purports to treat patients at 1786 Flatbush, is married to Tatiana's son Sergey Rybak, is Tatiana's daughter-in-law, and is Oleg's sister-in-law. Pavlova appears to have applied to lease space at 1786 Flatbush in approximately July 2013. But Pavlova had only been licensed to practice medicine in New York since May 2013, two months earlier. The application states that Pavlova had been a tenant at the 1468 Flatbush clinic for 13 years, but that tenancy would have begun 13 years before she was licensed to practice medicine in New York. The application cites as references "Sergey Rybach [*sic*] at 1810 Voorhies Avenue Suite 7." Sergey Rybak is Tatiana Rybak's son and Oleg Rybak's brother, and the address is the address of the Rybak Law Firm. The application identifies Natalia Tokar, Oleg Rybak's employee, as an emergency contact.

119. On the 1786 Flatbush lease itself, Pavlova's signature was notarized by Inna Shapovalova, then a legal assistant at the Rybak Law Firm, according to Shapovalova's LinkedIn profile. The 1786 Flatbush lease provided for Pavlova to pay \$3,300 per month in rent, increasing over the following years to \$3,606 per month.

120. As at the Original Clinic Locations, the “rent” arrangements with other providers operating at 1786 Flatbush appear to be designed to siphon profits to the Rybaks. In particular, Pavlova sublet space to providers and their professional corporations who rendered services at 1786 Flatbush, including Defendants Blackman, Dabiri, Allay, FJL Medical, JFL Medical, JPF Medical, KP Medical, PFJ Medical, RA Medical, Mollo P.C., ACH Chiropractic, Energy Chiropractic, Island Life, Deng Acupuncture, and MSB. However, Pavlova and the Defendants who purportedly sublet space from her at 1786 Flatbush did not have written subleases, and none have been able to describe the terms of their leases.

121. Moreover, as at the Original Clinic Locations, the checks from purported subtenants of Pavlova do not have the indicia of legitimate sublease payments. In some instances, payments vary from month to month. Other purported subtenants wrote multiple “rent” checks on the same day or consecutive days. And in some instances Pavlova received more in sublease payments than the \$3,300 to \$3,600 per month she was paying under her lease with the owner of the 1786 Flatbush building.

2. Providers from 1468 Flatbush Moved to 1786 Flatbush

122. 1786 Flatbush was the successor to 1468 Flatbush, which had been controlled by Tatiana Rybak and used to covertly funnel proceeds from professional corporations operating from that location to or for the benefit of herself and Oleg Rybak.

123. First, at least seven providers who treated patients at 1468 Flatbush treated patients at 1786 Flatbush.

Rendering Physician	1468 Flatbush Ave	1786 Flatbush Ave
Ksenia Pavlova, D.O.	X	X
Charles Deng, L.A.c.	X	X
Darren Molloy, D.C.	X	X
David Mariano, D.C.	X	X
Maria Shiela Masigla, P.T.	X	X
Jules Francois Parisien, M.D.	X	X
Pierre J. Renelique, M.D.	X	X

124. Second, at least eight professional corporations that submitted bills for services at 1468 Flatbush continued to treat patients and bill for services at 1786 Flatbush.

Professional Corporation	1468 Flatbush Ave	1786 Flatbush Ave
Allay Medical Services, P.C.	X	X
Maiga Products Corporation	X	X
PFJ Medical Care P.C.	X	X
Charles Deng Acupuncture, P.C.	X	X
ACH Chiropractic, P.C.	X	X
Energy Chiropractic, P.C.	X	X
Island Life Chiropractic Pain Care, PLLC	X	X
Quality Custom Medical Supply, Inc.	X	X

125. Third, at least two office employees who worked at 1468 Flatbush also worked at 1786 Flatbush. Office manager Susan Tuano and receptionist Wilma Tanglao appear to have worked at both locations. Bank records confirm that office manager Susan Tuano was paid by providers rendering services at 1468 Flatbush, including receiving regular checks from Uptodate Medical and Vincent Medical, both owned on paper by Dr. Arguelles, between 2004 and 2009, and was paid by providers rendering services at 1786 Flatbush, including receiving checks from AB Quality, Allay, Deng Acupuncture, Parisien, Island Life, JPF Medical, Pavlova, Madison, Maiga, MSB, Blackman, PFJ Medical, and Quality Health between 2012 and 2018.

126. Fourth, healthcare providers at 1468 Flatbush and 1786 Flatbush used some of the same vendors, such as CPA Norman Weisman and payroll accountant Elina Shusterman.

3. Nurse Practitioner Renee Denobrega's Affidavit Describes Rybak Control

127. Denobrega was a nurse practitioner who Tatiana Rybak hired to treat patients at 1786 Flatbush, and who worked there from approximately September 2016 to approximately March 2017. In a May 22, 2018 affidavit, Denobrega describes how “Barbara,” who is Tatiana Rybak, managed hiring and activity at 1786 Flatbush, directed care that was provided to patients, and controlled the funds of the professional corporations that purported to treat patients at 1786 Flatbush. *See* Ex. 15.

128. Specifically, Denobrega explained that she was referred by a recruiter to an office manager at 1786 Flatbush named “Susie” (Susan Tuano) for an interview. “Susie” told her she needed to meet “Barbara,” the ultimate decision maker regarding hiring. A few days later, Denobrega met with “Barbara” at 1786 Flatbush, who Denobrega described as being approximately 60 years old and speaking with a Russian accent. “Barbara” is Tatiana Rybak. Barbara would later tell Denobrega that Barbara had a daughter who was a physician at 1786 Flatbush, and Tatiana Rybak’s daughter-in-law, Pavlova, was a physician who purported to treat patients at 1786 Flatbush. Denobrega was made aware that “Barbara was the boss” at 1786 Flatbush. *Id.* ¶ 12. It became clear to Denobrega that “Barbara was in charge of the Flatbush Clinic and that everyone [] reported to her.” *Id.* ¶ 15.

129. Denobrega also met “Wilma,” who she understood to be responsible for billing, and Lacina, who had been a physician in Florida before he began to treat patients at 1786 Flatbush. At one point, Lacina told Denobrega that the 1786 Flatbush clinic was “off the radar type of work.”

130. Denobrega’s affidavit further establishes that doctors who purported to treat patients at 1786 Flatbush did not exercise supervision or control over the activity at 1786

Flatbush. In particular, she swore that after being hired, she learned that her services were billed to insurance companies through professional corporations, including PFJ Medical and JPF Medical (owned on paper by defendant Parisien) and KP Medical (owned on paper by a person she knew as Dr. Rybak, but who on information and belief was defendant Pavlova). *Id.* ¶ 14. Yet, Denobrega never met Parisien or “Dr. Rybak” and never saw them at 1786 Flatbush. Denobrega swore that they had no role in the day-to-day operations of the clinic or in any of the healthcare practices at 1786 Flatbush. *Id.* ¶ 15. The only doctor Denobrega met at 1786 Flatbush was Lacina. But Denobrega “rarely met with Dr. Lacina, and he did not really supervise [her] work”; rather, “[m]ost of [her] dealings were with Barbara and Susie.” *Id.* ¶ 12. Denobrega “believed [herself] to be an independent contractor” at 1786 Flatbush who “was not supervised at the Flatbush Clinic . . . in any way by Dr. Parisien, Dr. Rybak, or any other licensed healthcare professional.” *Id.* ¶ 21.

131. Denobrega examined patients at 1786 Flatbush. She swore in her affidavit that the “majority of patients [she] saw had minor medical issues such as sprains or strains that required straightforward medical decision-making.” *Id.* ¶ 28. Denobrega used preprinted forms provided to her by the staff at 1786 Flatbush to conduct evaluations. *Id.* Denobrega stated that she was instructed by the staff at 1786 Flatbush to perform initial evaluations on every patient even if the patient had already been seen by a medical doctor or another nurse practitioner at the clinic. Denobrega also performed trigger point injections and dry needling on patients. Prior to working at 1786 Flatbush, she had never performed dry needling. At one point, Barbara and Susie insisted that Denobrega perform more dry needling because trigger points only paid \$100 and were not considered treatment. Another worker who worked at the front desk, “Dovie,” who

upon information and belief is Dovie Silvestre, insisted that she order MRIs that Denobrega did not consider necessary. *Id.* ¶ 26.

132. Denobrega was paid for her work at 1786 Flatbush with checks drawn on the accounts of JPF Medical and PFJ Medical (owned on paper by Parisien), Parisien, and Allay and KP Medical (owned on paper by Pavlova). But Denobrega stated that she did not believe she worked for these professional corporations and had never met or spoken to Parisien or Pavlova. Bank records reflect that Denobrega was often paid on the same day with multiple checks and with checks from multiple professional corporations. For example, on April 21, 2017, Denobrega received a check from Allay for \$840, a second check from Allay for \$420, and a third check from PFJ Medical for \$367.48, although she had never met the paper owner of Allay (Pavlova) or of PFJ Medical (Parisien).

133. Denobrega stated that on numerous occasions checks for her work at 1786 Flatbush would bounce. Denobrega would be told by Barbara and Susie that funds were low because insurance had not been paying on time, and Barbara would exclaim, “It’s not our fault.” Barbara or Susie would then prepare and provide another check that was often from a different account or business entity.

134. Denobrega stopped working at 1786 Flatbush in March 2017 over her concerns about the dry needling and the bounced checks.

4. Office Staff Asserted the Fifth Amendment Regarding Control of 1786 Flatbush

135. Two office employees of 1786 Flatbush asserted the Fifth Amendment at their depositions in response to questions about who controlled 1786 Flatbush, whether Tatiana Rybak controlled the activity at 1786 Flatbush, and whether Oleg Rybak participated in the activity at 1786 Flatbush.

136. The employees respectively worked as an office manager and as a receptionist at both 1468 Flatbush and 1786 Flatbush, bank records reflect that the office manager received payments from providers at both locations, and nurse practitioner Denobrega stated that the office manager had a role in hiring and directing care at 1786 Flatbush.

137. In depositions, both office employees asserted the Fifth Amendment and refused to answer whether “Barbara” was Tatiana Rybak.

138. When asked if Tatiana Rybak “was ultimately in charge of all the operations at 1786 Flatbush” and whether all “the professional corporations that treated patients and billed for services at 1786 Flatbush were actually owned by Tatiana Rybak,” the office manager asserted her Fifth Amendment privilege and refused to answer. Similarly, the receptionist asserted the Fifth Amendment and refused to answer when asked if Tatiana Rybak made all fundamental business decisions for and had ultimate control over the Defendant providers at 1786 Flatbush, including who they would hire and fire, what healthcare services they would provide to patients at 1786 Flatbush, what services they would bill insurers for, the billing codes, and amounts submitted to State Farm Mutual, State Farm Fire, and other insurers.

139. As to Oleg Rybak, the receptionist asserted the Fifth Amendment when asked if Oleg Rybak made all fundamental business decisions for and had ultimate control over the Defendant providers at 1786 Flatbush, including who they would hire and fire, what healthcare services they would provide to patients at 1786 Flatbush, what services they would bill insurers for, the billing codes, and amounts submitted to State Farm Mutual, State Farm Fire, and other insurers. She also asserted the Fifth Amendment and refused to answer if Oleg Rybak controlled her activity at 1786 Flatbush. *Id.* at 107. The receptionist asserted the Fifth Amendment when asked if Oleg Rybak directed medical providers to form new business entities with new tax

identification numbers at 1786 Flatbush to avoid connection to the fraudulent activity at 1468 Flatbush, if Oleg Rybak used Maiga Borisevica's name to establish Maiga, and if Oleg Rybak used Oleksandr Semenov's name to establish Madison. *See also infra* ¶¶ 142–44. Similarly, the office manager asserted the Fifth Amendment when asked if Oleg Rybak directed medical providers to form new business entities with new tax identification numbers at 1786 Flatbush to avoid connection to the fraudulent activity at 1468 Flatbush and if Oleg Rybak and Tatiana Rybak are the true owners of Madison and Maiga. She also asserted the Fifth Amendment when asked if proceeds from billings at 1786 Flatbush were funneled to Oleg and Tatiana Rybak.

140. Given the quantity and quality of evidence independent of these Fifth Amendment assertions demonstrating the level of control over the activities and the proceeds flowing from these entities at 1786 Flatbush, an adverse inference should be drawn and it should be assumed that if these questions were answered truthfully these witnesses would have acknowledged that Tatiana Rybak controlled the activities at 1786 Flatbush and that Oleg Rybak knowingly participated in facilitating and profiting from these activities.

5. The DME Defendants' Formation and Operation Reflect How They Were Controlled by Tatiana Rybak with the Support of Oleg Rybak

141. Although the DME Defendants purport to be owned on paper by different individuals, Tatiana Rybak controlled them, ordered their Supplies, and controlled their funds, and Oleg Rybak assisted her by forming the entities using foreign-national nominee owners who may reside outside the United States and having their mail forwarded to his office.

142. Supplies were provided at 1786 Flatbush by at least the six DME Defendants that purported to be independent and owned on paper by different individuals — Maiga (owned on paper by Borisevica), Madison (owned on paper by Semenov), Quality Custom (owned on paper by Alexander Verbitsky prior to 2015, and his father Vladimir Verbitsky since 2015), Quality

Health and AB Quality (owned on paper by Buslon), and PHCP. Yet, each provided the same Supplies to patients at 1786 Flatbush, engaged in similar fraudulent billing patterns discussed below (*see infra* ¶¶ 315–41), and used nearly identical delivery receipt forms that purport to reflect the delivery of Supplies to the patients. All six companies’ forms utilize identical language, including spelling and grammar errors, stating the patient has “received equipments [sic]² and supplies listed above along with instructions on use case [sic] of it. I indicate that [company] cannot be held responsible for any inappropriate use of this equipment or supplies.” *See* Ex. 16. Indeed, Maiga and Madison’s delivery receipt forms use an identical font. *See id.* at 1–2.

143. Maiga, which was owned on paper by Borisevica, a Latvian national, was formed on July 9, 2012. Maiga’s business address was established as 100 Church Street, 8th Floor, New York, New York, the address of a virtual office operated by Regus Management Group LLC. Three days before Maiga was formed, however, on July 6, 2012, an Online Virtual Office Agreement was executed between Maiga and Regus pursuant to which all of Maiga’s mail and faxes were to be forwarded to the Rybak Law Firm at its office on Voorhies Avenue in Brooklyn. While a VISA credit card in Borisevica’s name was used to pay Regus for its services, neither the credit card charge nor the Online Virtual Office Agreement were signed for Maiga by Borisevica. Rather, both were signed by “Natalia,” likely Natalia Tokar, an employee of the Rybak Law Firm. A United States Postal Service Form 1583, Application for Delivery of Mail Through Agent, which is required by law for mail to be forwarded, dated July 16, 2012, and

² Quality Health, AB Quality, and PHCP’s delivery receipts correct this error, stating that the patient has “received equipment,” but otherwise contain the identical language quoted above. *See* Ex. 16.

which purported to authorize the forwarding of Maiga's mail to the Rybak Law Firm, does bear a signature of Maiga Borisevica. That signature is notarized by Oleg Rybak.

144. Similarly, Madison, which was owned on paper by Semenov, a Ukrainian national, was formed on November 7, 2013. Madison's business address was established as 747 Third Avenue, New York, the address of a virtual office operated by Regus Management Group LLC. Eight days before Madison was formed, however, on October 30, 2013, an Online Virtual Office Agreement was executed between Madison and Regus pursuant to which all of Madison's mail was to be forwarded to the Voorhies Avenue office of the Rybak Law Firm in Brooklyn. Semenov did not sign the agreement. Rather, the agreement was signed by "madison products." The charges for Regus's services were paid for with the same credit card used to pay for Maiga's arrangement. The only contact number left on file with Regus was a phone number registered to the Rybak Law Firm.

145. Five of the DME Defendants, (1) Maiga, (2) Madison, (3) PHCP, (4) Quality Health, and (5) AB Quality, purchased braces and other items from Precision Medical Supply LLC ("Precision"), a Missouri orthotics wholesaler, over a nearly seven-year period between June 2012 and February 2019. Precision's owner has stated that every order from these five DME Defendants was placed over the phone by a woman named "Barbara," Tatiana Rybak, who spoke with a possible Russian or Eastern European accent, and always used the phone number (786) 246-6960. That cell phone number was registered to Tatiana Rybak's son, Sergey Rybak, until at least June 2015. The cell phone was billed to a Florida office suite owned by a limited liability company managed by a partnership, which was, in turn, managed by a partnership controlled by Tatiana Rybak and Oleg Rybak. In this action, Tatiana Rybak moved to quash a subpoena to wireless carrier T-Mobile for the records related to that number in which she

acknowledged that it was her phone number. *See* T. Rybak Mot. to Quash (Dkt. 132 at 3). These DME Defendants sometimes paid for the Supplies using checks drawn on the accounts from other businesses operating at 1786 Flatbush. *See* Ex. 17. Thus, for example, invoices for Supplies provided to Maiga were paid for with checks on the accounts of Masigla, Parisien, and Madison; invoices for Supplies provided to PHCP were paid for with checks drawn on the accounts of Madison, Maiga, and Quality Health; invoices for Supplies provided to Quality Health were paid for with checks drawn on the accounts of Madison and AB Quality; and invoices for Supplies provided to AB Quality were paid for with checks drawn on the accounts of Quality Health, KP Medical, JPF Medical, Parisien, and M Buslon Physical Therapy, P.C. *Id.* Thus, over a period of nearly seven years, Tatiana Rybak was ordering Supplies for five DME Defendants and using the bank accounts of the DME Defendants and other healthcare providers operating at 1786 Flatbush interchangeably to pay Precision.

146. At his deposition as the corporate representative of Maiga, Madison, PHCP, Quality Health, and AB Quality (the “Five Buslon DMEs”), pursuant to Federal Rule of Civil Procedure 30(b)(6), Buslon stated that he owned Quality Health and AB Quality and acquired an interest in the unpaid claims of Madison, Maiga, and PHCP. Buslon admitted that he and his wife knew Tatiana Rybak, but claimed they never had any business dealings. Nevertheless, Buslon has a long history with clinics associated with Tatiana Rybak. Bank records confirm that Uptodate Medical and Vincent Medical, owned on paper by Dr. Arguelles, wrote 20 checks to Buslon totaling \$38,900 over a four-month period in 2004, some of which were issued on the same or consecutive days.

147. At his deposition as corporate representative of the Five Buslon DMEs, Buslon could not explain why checks from different providers were used to pay Precision, who dealt with Precision, or even who “Barbara” was.

148. Buslon testified regarding the circumstances by which he and his wife Maria Masigla came to own an interest in the unpaid claims of Maiga, Madison, and PHCP. Buslon could not recall when the transaction took place, though it was certainly after this action was filed in January 2018. According to Buslon, he and his wife were contacted by Dr. Arguelles, whom they had known for years and who was familiar with the principals of the three DME entities. Dr. Arguelles would have been almost 90 years old at the time. Dr. Arguelles purportedly conveyed that the Buslons could purchase the right to collect unpaid claims for Maiga, Madison, and PHCP. Buslon agreed and purchased the receivables for \$6,000 — \$2,000 for the claims of each entity. Buslon testified that he made the purchase in single, lump sum cash payments given to Dr. Arguelles, that there is no documentation of the transactions, that he does not know who the principals of the entities were that sold him the receivables, and that he acquired nothing to indicate that he was obtaining anything of value. Buslon stated that he then entered into an agreement with Oleg Rybak in which Oleg Rybak would seek to collect on the claims in exchange for a portion of the amounts recovered. At one point, Buslon testified that Oleg Rybak was to receive between 25% to 50% of amounts recovered, but he later purported to correct himself and stated that Oleg Rybak was to receive only 5-10% of amounts recovered. Regardless of the amount purportedly to be retained by Oleg Rybak, Buslon admitted that to date he has received nothing on any of the claims and is unaware of the results of any efforts to collect on the receivables by Oleg Rybak or the Rybak Law Firm.

149. Although Maiga, Madison, and PHCP purport to have ceased operations, as recently as March 16, 2019, an affidavit was signed by Doby Nonez as the purported Billing Manager of Maiga in which Nonez claims to have called State Farm Mutual on April 8, 2014 and April 30, 2014, and left messages that the proposed date for an EUO was inconvenient. State Farm Mutual's telephone records indicate that no such call was received and no such messages were left. Buslon, who purports to own the rights to this claim, has no knowledge regarding this affidavit, does not know who Doby Nonez is, and was unaware whether Maiga has any employees, let alone a billing manager.

150. Although he testified as the corporate representative of the Five Buslon DMEs, Buslon had no knowledge regarding their operation, their records, how they acquired Supplies, the Supplies they provided to patients, how they billed, and who owned or was employed by Maiga, Madison, and PHCP.

6. Bank Records of Entities Operating at 1786 Flatbush Reflect Proceeds Transferred for the Benefit of Tatiana Rybak and Oleg Rybak

151. As at 1468 Flatbush, bank records reflect that Tatiana Rybak, Oleg Rybak, and others siphoned proceeds from the providers that operated at 1786 Flatbush.

152. Clara Pantin, the employee of the Fontainebleau Hotel where Tatiana and Oleg Rybak own residential units and who received over \$105,000 from providers who operated at 1468 Flatbush prior to August 2013, also received considerable sums from providers who operated at 1786 Flatbush. At least eleven defendant providers who operated at 1786 Flatbush — Parisien, PFJ Medical, Deng Acupuncture, Pavlova, Allay, Blackman, Dabiri, Island Life, and three DME Defendants — wrote checks to Clara Pantin totaling over \$506,000 between September 2013 and April 2017. *See* Ex. 18. No check ever exceeded \$10,000. Checks were sometimes sequentially numbered or written on the same or consecutive days.

153. In addition, Pantin's two sons received checks from Defendants operating at 1786 Flatbush. Her son Khristopher Salado received two checks from Parisien and one from Madison between January 2014 and December 2014 totaling \$8,692. Her son Nicholas Salado received two checks from Parisien, one check from Pavlova, and three checks from Madison between December 2014 and April 2016 totaling \$8,625. *See id.* at 1.

154. Similarly, Vasila Queen, an associate of Tatiana Rybak, received money from providers who operated at 1468 Flatbush, operated a nail salon up the street from one of Tatiana Rybak's condominiums in Sunny Isles Florida, and received money from providers who operated at 1786 Flatbush. In particular, at least eleven providers who operated at 1786 Flatbush — Parisien, PFJ Medical, Pavlova, Allay, Masigla Physical Therapy, P.C., Blackman, Pierre Renelique, M.D., MSB, and two DME Defendants — wrote at least 56 checks to Vasila Queen, the owner of Studio By Vasila, a hair and nail salon spa at the Trump International Hotel in Miami Beach, Florida totaling more than \$74,000 between January 2013 and February 2018. *See id.* at 1.

155. Similarly, providers who operated at 1786 Flatbush wrote checks to an interior design business located 15 minutes from one of Tatiana Rybak's condominiums in Sunny Isles, Florida, and midway between that condominium and the Fontainebleau Hotel where Tatiana and Oleg Rybak owned residential units. In particular, eight providers who operated at 1786 Flatbush — Parisien, JPF Medical, PFJ Medical, Pavlova, Allay, MSB, and two DME Defendants — wrote at least 54 checks to Voldymyr Maistrenko, his wife Olga Maistrenko, and his business Art Glass International LLC totaling over \$216,000. *See id.* at 2. Parisien also wrote a check for \$4,000 to Kristina Kalitskaya, an employee of Voldymyr Maistrenko. *Id.* Art Glass International, LLC purports to be an interior design business located in North Miami,

Florida. No check ever exceeded \$10,000. Checks were sometimes sequentially numbered or written on the same or consecutive days, and on occasion multiple checks written on the same or consecutive days for less than \$10,000 totaled \$10,000 or more.

156. Similarly, providers who operated at 1786 Flatbush wrote checks to a private investigator, Les Levine, who was purportedly hired to help Oleg Rybak and others defend the lawsuit brought by Dr. Gutierrez in which Dr. Gutierrez alleged that Tatiana and Oleg Rybak improperly controlled Dr. Gutierrez's medical practice at 1468 Flatbush. In particular, providers operating at 1786 Flatbush — Parisien, JFP Medical, PFJ Medical, Pavlova, Allay, KP Medical, MSB, and two DME Defendants — wrote at least 150 checks to Les Levine totaling more than \$221,000 between April 2016 and April 2018. *See id.* Les Levine is a former New York City detective and the owner of Les Levine Investigations, a private investigations firm in Mineola, New York. On February 10, 1989, Levine pleaded guilty to bribery charges based on allegations that he paid an investigator to reveal the whereabouts of a government informant hidden in the witness protection program on behalf of a client linked to organized crime. In a high-profile federal prosecution in a police torture case, prosecutors alleged in a motion filed in the EDNY that "Levine has a known track record of using methods of bribery, harassment and deceit in connection with criminal trials in this city." The motion described how Levine pleaded guilty to bribing an investigator to learn the whereabouts of a federally protected witness. Levine was sentenced to five years' probation and 150 hours of community services.

157. On multiple occasions Defendants wrote multiple checks to Levine on the same date and in many instances Levine deposited payments he received on the same day into two different accounts. Levine also endorsed and negotiated checks from Defendants that were written to cash. *See Ex. 19.* During proceedings in this case, it was claimed that the payments to

Levine were for work he purportedly did to assist the Rybak Law Firm, Oleg Rybak, and others with the lawsuit brought by Dr. Gutierrez discussed above, “*Gutierrez v. Rybak*.” In that lawsuit, Dr. Gutierrez sought an accounting of any escrow funds held by the Rybak Law Firm, a return of any business records, and an order voiding any liens over funds asserted by Rybak and others, and made claims this his medical practice at 1468 Flatbush had been improperly controlled by the Rybak Law Firm.

158. Providers who operated at 1786 Flatbush also made payments to a real estate law firm that represented a real estate development firm owned by Sergey Rybak, the husband of defendant Pavlova and the brother of Oleg Rybak, in a variety of real estate ventures. In particular, 1786 Flatbush providers — Parisien, JFP Medical, PFJ Medical, Pavlova, Allay, Deng Acupuncture, Island Life, MSB, and Quality Health — wrote at least 59 checks to the law firm totaling more than \$425,000 between August 2014 and May 2018. *See id.* at 2. On some occasions, multiple checks were written on the same date or consecutive days, and the law firm often received checks from different Defendants dated on the same day or consecutive days. *See id.* Thus, for example, Deng wrote two checks numbered 1591 and 1592 on August 6, 2014, each for \$3,000 to the law firm, and the law firm received four checks from three Defendants dated February 14, 2017 — a check numbered 786 for \$5,000 from Allay, a check numbered 787 for \$10,000 from Allay, a check for \$5,000 from MSB, and a check for \$10,000 from PFJ Medical. According to its website, the law firm “is a real estate, construction, and litigation law firm, serving as counsel to real estate developers, individual and institutional owners, financial institutions, and corporations and other business entities. [The] firm services include condominium offering plans, financings, workouts, acquisitions, leasing, design and construction agreements, land use, claims, and litigation.” According to a search of the New York Civil

Supreme Court online docket, the law firm and one of its attorneys has represented Tatiana Rybak's son and Oleg Rybak's brother, Sergey Rybak, or Rybak Development in three cases filed in 2009, 2015, and 2017.

159. Publicly recorded real estate records also confirm that one of the law firm's lawyers represented Rybak Development in connection with several real estate deals in 2017 and 2018.

160. There is no legitimate reason for providers rendering services to patients at 1786 Flatbush to make any of the above-described payments. In fact, at his deposition as the corporate representative for the Five Buslon DMEs, Buslon could not explain payments to Clara Pantin and her children, Art Glass International, the real estate law firm, Les Levine, or Vasila Queen. Rather, the above-described sums could only have been for the benefit of Tatiana Rybak and Oleg Rybak and to siphon to them the proceeds of activity at 1786 Flatbush.

D. The Defendants Create Entities to Conceal the Scheme's Existence

161. Over the course of the scheme, the Defendants created new business entities with separate tax identification numbers to submit bills to State Farm Mutual and State Farm Fire for services at 1786 Flatbush. Defendants do so because they know that payors such as State Farm Mutual and State Farm Fire process claims from healthcare providers using names and tax identification numbers to identify billing activity, and by submitting multiple claims utilizing different entity names and tax identification numbers, Defendants are able to conceal that they are, in fact, claims from the same individuals for the same fraudulent services.

162. From August 2013 until June 2015, the Physician Defendants submitted bills to State Farm Mutual and State Farm Fire under the individual tax identification numbers, and on occasion social security numbers, of sole proprietorships of Parisien, Blackman, Dabiri, Pavlova, and Lacina. Beginning in June 2015, however, the Physician Defendants began submitting

claims for the same services to State Farm Mutual and State Farm Fire under a variety of entities. For example, Parisien's services were billed (a) under his own taxpayer identification number beginning in August 2013, (b) by Allay from June 2015 through October 2016, (c) by PFJ Medical from May 2015 through September 2016, and (d) by JPF Medical from September 2016 through October 2016. Lacina's services were billed (a) under his taxpayer identification number beginning in January 2014, (b) by RA Medical from January 2015 through June 2016, (c) by FJL Medical from June 2016 through October 2016, and (d) by JFL Medical from October 2016 through January 2017.

163. Other facts suggest that the Defendants' use of multiple entities was part of a coordinated scheme. For example, although JPF Medical is purportedly owned by Parisien and JFL Medical is owned by Lacina, both entities were formed on the same day. Many of the entities' formation documents were filed with the New York Department of State by the same attorney, Alexander Almonte, Esq., who filed the incorporation documents for FJL Medical, JFL Medical, KP Medical, PFJ Medical, RA Medical, MSB, Quality Health, and AB Quality. Despite the use of this web of entities, the form documentation used by virtually all of the Physician Defendants, Chiropractor Defendants, and the DME Defendants remained the same, except for the provider's name on the letterhead, and the treatment provided by the entities was virtually identical.

E. Many of the Automobile Accidents Which Led to Treatment at 1786 Flatbush Appear to Have Been Deliberately Staged or Caused

164. In addition to the fraudulent patterns in diagnoses, treatment, and documentation present at 1786 Flatbush, many of the automobile accidents that preceded the treatment at 1786 Flatbush bear indicia of being deliberately staged collisions designed to support claims for No-Fault Benefits. These indicia include: (a) accidents occurring shortly after insurance coverage

was obtained, often within two weeks after coverage was obtained; (b) accidents involving older vehicles with minimal value; (c) multiple injured parties involved in the accident who sought treatment at 1786 Flatbush; (d) multiple injured parties seeking treatment at 1786 Flatbush shortly following the accident; (e) little to no physical damage to the insured vehicles; (f) no emergency room or hospital treatment sought immediately following the accident; and (g) other improbable connections between seemingly unrelated individuals and accidents, including accidents occurring at the same locations and individuals in different accidents purporting to reside at the same addresses.

165. The vast majority of State Farm Mutual and State Farm Fire insureds who treated at 1786 Flatbush were involved in collisions in which at least three different individuals involved all sought care at 1786 Flatbush. In virtually every instance, the individuals involved in these accidents began treatment at 1786 Flatbush on the same day, usually the very next day after the accident. Indeed, more than half of the State Farm Mutual or State Farm Fire insured accidents that led to claims identified on Exhibit 1 involved four or more individuals, all of whom treated at 1786 Flatbush.

166. Significantly, Oleg Rybak and his law firm, the Rybak Law Firm, represented many of the individuals who treated at 1786 Flatbush and many of the individuals who were in what appear to have been staged accidents. More than half of the State Farm Mutual or State Farm Fire insureds who were treated at 1786 Flatbush and who were represented by an attorney were represented by Oleg Rybak. As noted, one of the indicia of a staged accident is when at least three and sometimes four or more individuals who were in the same accident sought care at 1786 Flatbush, often on the same day or within a few days of the accident. More than two-thirds of the patients identified on Exhibit 1 were involved in accidents in which at least three

individuals in the vehicle sought care at 1786 Flatbush. Of these patients, Oleg Rybak and the Rybak Law Firm represented more than 100 of them, constituting more than half of the 1786 Flatbush patients in multi-person accidents. Oleg Rybak and the Rybak Law Firm almost always represented the purportedly injured passengers in these likely staged accidents, who would be in a position to bring bodily injury claims against the drivers.

167. The accidents reflect other improbable patterns. For example, 12 different individuals insured by State Farm Mutual or State Farm Fire each sought treatment at 1786 Flatbush following three separate accidents which occurred at the same exact intersection in Brooklyn on different dates but at the same time of day. In each case, the passengers in each of the three State Farm Mutual- or State Farm Fire-insured vehicles were also represented by the same law firm, the Rybak Law Firm. On February 26, 2014 at 11:00 p.m., a 1996 Mitsubishi Galant insured by State Farm Fire purportedly struck a 2000 Honda Civic at the intersection of Newkirk Avenue and Westminster Road in Brooklyn after running through a stop sign. Three occupants of the Mitsubishi sought treatment at 1786 Flatbush the following day. The State Farm Fire insurance policy for the Mitsubishi had been purchased 9 days earlier on February 26, 2014. Motor vehicle records show the Mitsubishi was registered to a different individual than the named insured on the policy. Two weeks later, on March 9, 2014 at 11 p.m., a 1997 Mercury Sable insured by State Farm Fire purportedly ran through a stop sign at the same intersection of Newkirk and Westminster. All five occupants of the Mercury sought treatment at 1786 Flatbush the following day. The State Farm Fire policy for the Mercury was purchased 13 days earlier on February 24, 2014, again listing a different named insured than the registered owner of the vehicle. On June 2, 2014 at 11 p.m., a 1993 Honda Accord insured by State Farm Fire ran through a stop sign at the same intersection, with all four occupants seeking treatment at 1786

Flatbush the following day. The policy for the Honda Accord was purchased on May 27, 2014 (six days before the accident) and listed a named insured who was not the registered owner of the vehicle.

168. In addition to common locations of accidents across different claims, many of the individuals involved in different accidents are connected. Such connections include common residential addresses. For example, insured passenger T.W. listed his address as an apartment in a building on 94th Street in Brooklyn in his claim arising out of the February 26, 2014 accident discussed above. Insured passenger T.N. listed an address in the same 94th Street apartment building in Brooklyn as T.W. (just a different apartment number) on her claim for a July 21, 2015 accident. Both individuals were represented by the Rybak Law Firm in connection with their claims. The frequency with which this commonality occurs in 1786 Flatbush patients is not credible. For example, insured passenger A.D. listed an address on 94th Street in Brooklyn after his June 2, 2014 accident, which is the exact same address used by insured passenger R.W.F. in his claim arising out of his February 4, 2014 accident. Both A.D. and R.W.F. were represented by the Rybak Law Firm. Passenger M.W., who sought care at 1786 Flatbush on the day after her December 1, 2013 accident, listed her address as an apartment in a building on Kings Highway, Brooklyn, which appears to be down the hall from the Kings Highway apartment address used by insured passenger I.N. following his January 6, 2014 accident for which he sought treatment at 1786 Flatbush on the following day.

169. In addition to common residential addresses, similarities in email addresses used by State Farm Mutual or State Farm Fire insureds who treated at 1786 Flatbush also reveal connections between seemingly unconnected individuals. For example, two individuals who treated at 1786 Flatbush following separate accidents that occurred one week apart both used the

identical email address in submitting their claims to State Farm Fire, while another individual who treated at 1786 Flatbush provided a closely similar email address in a claim arising out of a separate accident. Three other individuals, with no apparent relationship to each other, all of whom resided at different physical addresses, each submitted separate claims using an identical email address in connection with two separate accidents which occurred two weeks apart in April 2016. Both accidents involved insured vehicles which were more than 15 years old at the time of the accident.

170. Even more improbable, unrelated individuals with no apparent connection to one another have treated at 1786 Flatbush following different accidents involving the exact same vehicle which was insured under different policies. For example, injured passengers S.B. (age 19), S.L. (age 36), and D.F. (age 47) were involved in a collision in a 1995 Honda Accord on March 5, 2016, that occurred nine days after an insurance policy was purchased for the vehicle, and each treated at 1786 Flatbush within three days after the accident. The very same Honda Accord was involved in a different rear-end accident less than two months later on May 24, 2016, the claims for which were submitted under a different insurance policy obtained 27 days earlier. The May 24, 2016 accident involved the same 1995 Honda Accord but a completely different set of unrelated drivers and passengers, with the driver C.H. (age 57) and injured passengers H.B. (age 38), T.O. (age 23), and K.T. (age 19) all treating at 1786 Flatbush within two days of the accident. In both of the claims, Oleg Rybak and the Rybak Law Firm represented all of the injured passengers in the 1995 Honda Accord.

171. As attorney for so many of these individuals, Oleg Rybak, at a minimum, was in a position to know the facts and circumstances of their accidents, that multiple parties claimed injuries from individual accidents, that there were connections among accidents, and that

accidents were staged. Oleg Rybak, however, profited from bringing and collecting claims, suits, and proceedings on behalf of the purportedly injured individuals through collection of fees, likely as a result of a contingency fee arrangements in which he obtained some portion of the recovery.

F. The Legitimate Treatment of Patients with Strains and Sprains

172. Defendants purport to examine, diagnose, and treat patients who have been in motor vehicle accidents and complain of neck and back pain.

173. For patients who have been in motor vehicle accidents and have complaints of neck and back pain, a detailed patient history and a legitimate examination must be performed to arrive at a legitimate diagnosis.

174. Based upon a legitimate diagnosis, a licensed professional must engage in medical decision-making to design a legitimate treatment plan that is tailored to the unique circumstances of each patient. During the course of treatment, treatment plans should be modified based upon the unique circumstances of each patient and their response (or lack thereof) to treatment.

175. Legitimate treatment plans for patients with strains and sprains may involve no treatment at all because many of these kinds of injuries heal without any intervention, or a variety of interventions including medications to reduce inflammation and relieve pain, passive modalities, and active modalities.

176. Passive modalities do not require any affirmative effort or movement by patients. There are many kinds of passive modalities including hot and cold packs, ultrasound, diathermy, traction, manual therapy, massage, and traction. Active modalities require patients to affirmatively participate in their treatment and include many different kinds of stretching, exercising, and strengthening therapies.

177. In legitimate treatment plans, active modalities are necessary to rehabilitate and heal soft-tissue injuries, while passive modalities are typically used only to the extent necessary to reduce pain and to facilitate the patient's ability to perform active modalities, which should be introduced into a patient's treatment plan as soon as practicable.

178. While one or more passive modalities may be appropriate on any particular visit to reduce pain and facilitate the patient's ability to perform active modalities, the same combination of passive modalities on nearly every visit regardless of whether the patient improved would rarely be appropriate for one patient, let alone almost every patient, on almost every visit.

179. The decision of which, if any, types of treatment are appropriate for each patient, as well as the level, frequency, and duration of the various treatments, should vary depending on the unique circumstances of each patient, including: (a) the patient's age, social, family, and medical history; (b) the patient's physical condition, limitations, and abilities; (c) the location, nature, and severity of the patient's injury and symptoms; and (d) the patient's response to treatment.

180. Treatment plans should be periodically reassessed and modified based upon the progress of the patient, or the lack thereof.

181. Patients should be discharged from treatment when they have reached maximum medical improvement, such that no further treatment is likely to benefit the patient.

182. The above-described process of examination, diagnosis, and treatment must be documented for the benefit of: (a) the licensed professionals involved in the patient's care; (b) other licensed professionals who may treat the patient contemporaneously or subsequently; (c) the patients themselves whose care and condition necessarily depends on the documentation

of this information; and (d) payers such as State Farm Mutual and State Farm Fire so that they can pay for reasonable and necessary treatment.

G. Defendants' Predetermined Treatment Protocol

183. The Predetermined Treatment Protocol at 1786 Flatbush exploits patients' No-Fault Benefits and does not legitimately treat patients according to their true needs. As detailed below, the Predetermined Treatment Protocol includes medically unnecessary and fraudulent: (1) examinations, diagnoses, and treatment plans by the Physician Defendants; (2) physical therapy treatment; (3) chiropractic examinations, diagnoses, and treatment; (4) acupuncture examinations and treatment; (5) diagnostic Tests (including ROM Tests, Muscle Tests, NCVs, EMGs, SSEPs, BEPs, functional capacity evaluations, and V-sNCT testing); (6) injections (including trigger point injections and dry needling); and (7) Supplies (including DME and orthotics).

184. This medically unnecessary treatment typically continues for months on end. Almost none of the patients at 1786 Flatbush are discharged from care based on their purported clinical conditions. To the extent the medical records of patients at 1786 Flatbush contain references to discharges, they routinely show (a) the patient made the decision to stop treating; (b) the patient continued to undergo treatment after the date of the purported discharge; or (c) the discharge came shortly after State Farm Mutual or State Farm Fire requested one of the defendant providers appear for an EUO and submit to questioning about the patients' treatment. For example, State Farm Mutual requested that Mollo appear on July 15, 2014 for an EUO to answer questions about the treatment of patient G.P. Mollo failed to appear as requested and on the very next day, Parisien noted in patient G.P.'s chart, "Patient has completed all services from the office. He feels better. He wants to be discharged." Similarly, State Farm Fire requested that Mollo appear for an EUO on August 5, 2014 relating to patient P.O., for which Mollo failed

to appear. That same day, Parisien noted in the chart, “Patient stated he feels well but wants to stop. He has completed all services from the office.”

185. The applicable fee schedule governing No-Fault claims imposes limits on the amount of physical therapy and chiropractic treatment that can be provided to a patient on any single date of service. Under that schedule, certain medical services are assigned “relative values,” and a provider cannot bill for more than eight “relative units” of identified physical therapy modalities and chiropractic manipulations for an individual patient on a single date of service. To exploit patients’ No-Fault Benefits to the greatest extent possible, while seeking to avoid the limitations imposed by the fee schedule, Defendants: (a) routinely provided particular physical therapy modalities not because they were beneficial to the patients, but because that combination of modalities allowed each provider to bill for close to eight relative units per day thereby maximizing the amount that could be collected; (b) purported to provide those same modalities to nearly every patient on nearly every date of service regardless of the particular needs of any patient; and (c) added services regardless of whether they were necessary that were not subject to the unit limitation. Moreover, patients were often subjected on the same day to physical therapy services and to chiropractic manipulations, and although all such treatment should have been limited to a total of eight units per day, Defendants billed the physical therapy and chiropractic care separately to maximize the amount that could be billed while hiding the fact that treatment in excess of eight units per day was provided. Additionally, since acupuncture services, including “cupping” are not included in the applicable eight-unit daily limit, Defendants routinely added both acupuncture services and cupping to the Predetermined Treatment Protocol as yet another means to increase their bills without running afoul of the fee schedule’s restrictions.

186. Another aspect of the Predetermined Treatment Protocol is Defendants' circumvention of the otherwise applicable fee schedule by avoiding the use of certain CPT billing codes which provide for a fixed reimbursement. Instead Defendants, on occasion, use "By-Report" or "BR" codes, which do not provide for fixed levels of reimbursement and are not subject to the eight-unit-per-day limitation described above. According to the New York Department of Financial Services, which promulgated the applicable fee schedule, BR codes are meant to reflect services that are relatively unique in nature and do not have a specific unit value indicated within the fee schedule. Fees for such services are set by the provider and must be justified by the submission of a written report. Defendants do not use the "BR" code legitimately to document a necessary unique procedure, but rather to circumvent the fee schedule and inflate charges. For example, on dates of service when they purportedly provided trigger point injections, which are listed on the fee schedule, the Physician Defendants also frequently bill State Farm Mutual and State Farm Fire for multiple instances of "dry needling" using the "BR" CPT Code 20999 ("unlisted procedure, musculoskeletal system, general") for many of the same patients. Although 20999 is a BR code, Defendants provide no explanation why these services are unique or necessary in addition to or in lieu of the trigger point injections, even when the needling was provided to the same areas of the body on the same day.

1. Physician Examinations, Diagnoses, and Treatment Plans

187. As part of the Predetermined Treatment Protocol, patients received initial evaluations from one of the Physician Defendants. Initial examinations were performed at 1786 Flatbush by Parisien from approximately September 2013 through at least June 2015, by Blackman from approximately June 2014 through at least July 2016, by Dabiri from approximately January 2014 through at least May 2014, by Pavlova from approximately September 2013 through at least October 2016, and by Lacina from approximately January 2014

through at least March 2016. The Physician Defendants' initial examinations were billed to State Farm Mutual and State Farm Fire under the tax identification numbers and/or social security numbers of Parisien, Blackman, Dabiri, Pavlova, and Lacina, and under the tax identification numbers of Allay, FJL Medical, JFL Medical, JPF Medical, KP Medical, PFJ Medical, and RA Medical.

188. Each of the Physician Defendants almost always diagnoses patients with sprains and strains in the cervical and lumbar regions of the back as well as other conditions. Based on these predetermined diagnoses, the Physician Defendants usually conclude that patients require the Predetermined Treatment Protocol — a treatment plan that includes physical therapy, consultations with a chiropractor and an acupuncturist, a variety of diagnostic Tests, Supplies, and in some instances injections.

189. The documentation of initial examinations, diagnoses, and treatment plans by Parisien, Blackman, Dabiri, Pavlova, and Lacina is not credible and is fraudulent. Each of the Physician Defendants at 1786 Flatbush consistently use nearly identical examination forms (the "Initial Evaluation Report"), which differ only in the name of the particular Physician Defendant listed on the top of the first page. Indeed, the Initial Evaluation Reports contain the same typographical errors and misspellings regardless of the Physician Defendant whose name appears.

190. Not only do the Physician Defendants use nearly identical forms to document initial examinations, they also employ those forms in a way that makes it difficult to impossible for Defendants, other providers, or payers like State Farm Mutual and State Farm Fire to assess the true nature of patient complaints, examination findings, and diagnoses, or to know if examinations are being performed at all. The forms contain prepopulated typed findings, pre-

typed narrative discussions, and spaces for handwritten comments or notations. On some forms, the Physician Defendants underline or circle preprinted items, apparently representing specific findings. On other forms, none of the preprinted findings is underlined or circled. On yet other forms, some sections contain underlining or circling of preprinted items and some sections are without any markings. On some occasions, markings are inconsistent with other findings. For example, Parisien checked the box for “normal” with respect to a patient’s cervical spine examination, and then underlined certain positive examination findings that would indicate cervical pathology. Given this variability, it is almost impossible to discern the meaning of markings or their absence or to interpret the findings being made, the examinations performed, or the conclusions reached.

191. Further, the Initial Evaluation Reports contain the following, or nearly identical, affirmative representation regarding specific positive findings from various tests performed during the patient examination:

Tender points were also elicited at C3, C4, C5, C6, C7 levels. The soto hall (force flexion of the head and neck upon the sternum) elicited pain. Cervical distraction test was positive indicating the presence of a spinal nerve root compression. Manual testing of muscle strength was also positive. Pinprick and touch was abnormally decreased over the right left arm. The patient had difficulties looking up to the ceiling because of spasm and stiffness of the cervical musculature.

Ex. 20. While in some instances, various portions of this paragraph may be underlined, this preprinted language is rarely, if ever, crossed out entirely, suggesting these findings were present in every patient. The forms themselves and Defendants’ use of them advance the scheme because they prevent others from assessing the true nature of patient complaints, examination findings, and diagnoses, while allowing Defendants to claim patients suffer from a wide variety of conditions to justify treatment.

192. Despite the inconsistencies and ambiguity in the Initial Evaluation Reports, certain patterns emerge when they are viewed as a group. While the Initial Evaluation Reports reflect some variation in certain objective findings, some tests performed during evaluations, and responses to those tests, the Initial Evaluation Reports routinely include certain findings and diagnoses common to most of the reports, which are then used to support nearly identical treatment plans for almost every patient. Specifically, the Initial Evaluation Reports find: (a) most patients complain of neck pain; (b) most patients complain of low back pain; (c) most patients report significant frequency of pain in the affected area with the vast majority of patients purportedly suffering pain on a daily basis; and (d) most of the range of motion measurements are reported as abnormal. *See* Ex. 2.

193. Based on these common findings, and in apparent disregard of such variation as is noted in some forms, the Initial Evaluation Reports purport to diagnose nearly every patient with cervical sprain, strain cervicalgia, or myofascitis and/or lumbar sprain, strain, or myofascitis and sometimes conditions in one or more other regions. *See* Ex. 2.

194. Also purportedly based on these common findings and diagnoses, the Physician Defendants' initial treatment plan generally recommends to: (a) commence physical therapy; (b) order x-rays of multiple regions of the spine; (c) order MRIs of the cervical and lumbar spine and often other extremities; (d) prescribe a common laundry list of Supplies; and (e) sometimes send patients for other consultations, services, and testing including neurological consultations. *See* Ex. 20. While the forms provide an option for the Physician Defendants to order "Synaptic therapy" and "computerized ROM/M MT" (range of motion/muscle testing), these entries are almost never checked, yet patients are routinely provided with these services. *See* Ex. 2.

195. The Physician Defendants and the Chiropractor Defendants at 1786 Flatbush also routinely order medically unnecessary MRI exams and refer patients to a handful of MRI providers, including Avalon Radiology, P.C., in Brooklyn, Doshi Diagnostic, and New York Radiology and Middle Village Diagnostic, in Elmhurst, New York, the results of which are not discussed with the patients and do not impact the diagnoses or course of treatment. Additionally, the Physician Defendants and Chiropractor Defendants routinely refer patients for medically unnecessary x-ray imaging which is performed in a van parked outside of 1786 Flatbush, the charges for which are billed to State Farm Mutual and State Farm Fire by Prompt Medical Services, Inc.

196. Approximately four weeks after their initial examination, patients purportedly undergo follow-up examinations, which may be performed by the same or a different Physician Defendant. Regardless of who performs the follow-up examination, like the initial examinations, these follow-up examinations involve, at most, cursory examinations of patients — the purpose of which appears to be to support the continuation of the Predetermined Treatment Protocol — and are documented using the same, preprinted forms as the initial examinations (the “Follow-Up Reports”). *See* Ex. 21. While some of the Follow-Up Reports purport to comment on x-ray or MRI results, there is no reported indication of a change in treatment based on these studies or that findings are communicated to other providers involved in the treatment.

197. The Follow-Up Reports indicate some patients’ conditions have improved and some are the same, but regardless of their clinical status at the time of the follow-up examination, the reports order the continuation of physical therapy and additional services, including additional diagnostic testing such as x-rays and MRIs, additional Supplies, and for many patients, neurological consultations, pain management, or injections. In many instances, the

Physician Defendants also perform trigger point injections and/or dry needling procedures during their follow-up examinations. *See infra* ¶¶ 292–314.

2. Physical Therapy Treatment

198. Physical therapy is ordered as part of the Physician Defendants’ initial treatment plan. It is then performed by Mariano and other physical therapists and billed to State Farm Mutual and State Farm Fire by MSB, the Physician Defendants, and others. The physical therapy treatments which patients purportedly receive at 1786 Flatbush are almost identical, do not change regardless of whether the patients purportedly improve or get worse, and typically involve at least three and very often five passive modalities on every visit from the first to last date of service. When therapeutic exercise is billed, the particular exercises purportedly performed are not identified much less documented and, in at least some instances, were not actually performed.

199. In some instances, patients have testified they received physical therapy even before being examined by one of the Physician Defendants. As physical therapy services are not compensable under the No-Fault Laws unless they are pursuant to a doctor’s prescription or referral, *see* N.Y. Ins. Law § 5102(a)(1)(ii), such treatment was not lawfully rendered and was not reimbursable.

200. Physical therapy treatment at 1786 Flatbush typically begins with patients purportedly being examined by a physical therapist, in many instances on the same day as the initial examination purportedly performed by one of the Physician Defendants. To support their treatment, Mariano or some other physical therapist working for one of the Physical Therapy Defendants creates reports of these purported examinations that include treatment plans (“PT Examination Reports”). Portions of many of these reports are illegible, rendering it difficult if not impossible for Defendants, other providers, patients, or payers like State Farm Mutual and

State Farm Fire to know the nature of the treatment recommended or the patients' condition. To the extent the PT Examination Reports are legible, they routinely record patients as suffering neck and/or back pain, report high pain levels, often 9 on a scale of 1 to 10, and state patients have a favorable "[r]ehabilitation potential for functional improvement" and would benefit from and/or are good candidates for physical therapy. The reports then routinely conclude patients should begin a course of physical therapy three times per week, usually for four weeks, involving specifically: (a) application of moist heat packs; (b) therapeutic massage; (c) therapeutic exercise; (d) synaptic therapy; and (e) home exercise. The reports do not detail the type of exercise contemplated or its duration.

201. Thereafter, as set forth on Exhibit 3, nearly every patient at 1786 Flatbush is subjected to the same physical therapy services purportedly performed on nearly every visit: application of hot packs, therapeutic massage, exercise, bioelectric therapy, and, although it is not mentioned or prescribed in the PT Examination Reports, a treatment called low-level laser therapy. Physical therapy treatment is purportedly documented in daily notes, which consist of preprinted forms with check boxes, and which lack any description of treatment such as the location of the body where hot packs were applied or massages provided. Defendants provide the foregoing modalities (if provided at all) pursuant to the Predetermined Treatment Protocol, which maximizes the charges they can collect from State Farm Mutual and State Farm Fire. Indeed, while any one of these treatments may conceivably be medically necessary for a particular patient on a particular day, the comprehensive combination of treatments is seldom, if ever, medically necessary for any patient on any day, let alone on almost every visit.

202. Defendants also purport to provide and bill for providing therapeutic exercise to patients on nearly every visit. But the records rarely indicate what exercises are provided, how

long the exercises are performed, or how the patients responded. Moreover, some patients have testified they never underwent any exercise at 1786 Flatbush even though State Farm Mutual and State Farm Fire received numerous bills for exercise and reimbursed Defendants for such services.

203. Among the passive modalities purportedly provided at 1786 Flatbush and billed to State Farm Mutual and State Farm Fire is bioelectric therapy. *See* Ex. 3. Bioelectric therapy is simply another form of electrical stimulation in which the patient is typically given some control of the intensity. Defendants do not bill for bioelectric therapy using CPT Code 97014, the physical therapy code for electric stimulation. Rather, Defendants misrepresent the service they purport to provide using the CPT Code 64550, a code commonly used for the initial application and instruction of a TENS (Transcutaneous Electrical Nerve Stimulator) unit. While electrical stimulation correctly billed under CPT Code 97014 would be included in the eight-unit per day limitations on physical therapy under the New York No-Fault regulations, *see supra* ¶ 185, the CPT Code 64550 Defendants use for bioelectric therapy charges is *not* included in the eight-unit limit. Thus, by billing for bioelectrical therapy under CPT Code 64550, Defendants avoid the limitations on physical therapy contained in the fee schedule and thereby fraudulently induce State Farm Mutual and State Farm Fire to pay for excessive and unnecessary passive physical therapy modalities for which it would not have otherwise paid.

204. The Physician Defendants also routinely bill State Farm Mutual and State Farm Fire for another passive modality called “low level laser therapy” using CPT Code 97799, the code for an unlisted physical therapy procedure, which is also excluded from the otherwise applicable eight-unit daily limitations on physical therapy modalities.

205. Further, in some instances, patients for whom Defendants have submitted bills for bioelectric therapy and low level laser therapy to State Farm Mutual or State Farm Fire have testified they did not receive such treatment.

206. Moreover, although Defendants administer bioelectric therapy and low-level laser therapy on the same day as other passive modalities, Defendants submit separate bills and supporting documentation on separate days for such treatment. Such documentation consists of preprinted forms with numbers that can be circled to indicate a patient's purported pain levels before and after the procedures. Defendants' treatment forms routinely report patients experienced slight improvement following the procedures, for example pain reduced from a score of 7 to a score of 6.

207. Defendants' submission of separate bills and supporting documentation for bioelectric therapy and low-level laser therapy conceals the full extent of passive modalities provided on any single day and is an apparent attempt by Defendants to limit the total number of services included in any one submission for any single date of service to avoid detection of their scheme.

3. Chiropractic Initial Exams, Diagnoses, and Treatment

208. Most patients treated at 1786 Flatbush were subjected to chiropractic examinations and treatment by Mollo or a chiropractor working for Mollo P.C., ACH Chiropractic, Energy Chiropractic, or Island Life (collectively, the "Mollo Entities"). Patients purportedly underwent initial examinations that led to reports of nearly identical conditions, included findings that were internally inconsistent or inconsistent with findings purportedly made by the Physician Defendants on the same day or within a few days of the chiropractic initial examination, made no sense, or were highly improbable and, regardless of the purported findings, resulted in common diagnoses and recommendations. Following these examinations,

patients were subjected to chiropractic manipulations that did not vary in time, frequency, or type regardless of whether the patient got better or worse.

a. Fraudulent Chiropractic Initial Exams and Diagnoses

209. Chiropractic treatment at 1786 Flatbush begins with initial examinations performed by Mollo or another chiropractor working on behalf of one of the Mollo Entities. The chiropractic examinations are often conducted on the same day or within days of examinations purportedly performed by one of the Physician Defendants. The initial chiropractic examinations routinely report patient complaints of cervical, mid-back, or low-back pain and diagnose the patient with a common set of conditions. Based on these predetermined diagnoses, the chiropractors conclude that patients require a treatment plan typically consisting of chiropractic adjustments three to four times per week often for four to six weeks, followed by a re-examination, and often referrals for an MRI or an x-ray and to undergo a V-sNCT test.

210. The documentation of the initial examinations, diagnoses, and treatment plans by the chiropractors submitted to State Farm Mutual and State Farm Fire include Chiropractic Initial Evaluation Reports (“Chiropractic Initial Reports”). The Chiropractic Initial Reports are preprinted, form documents that contain fields to be circled and fill-in-the-blank spaces allowing for minimal entries. The narratives on the Chiropractic Initial Reports are preprinted with places to circle, such as the patients’ gender, whether the accident was due to a motor vehicle accident or work related, the patients’ position in the automobile, and the patients’ complaints.

211. In most instances, these Chiropractic Initial Reports reflect: (a) complaints of pain in the cervical, thoracic, and lumbar spine; (b) pain levels that are often either not recorded or when they are recorded are reported as 7 or higher on a scale of 1 to 10; (c) positive findings on at least one of a variety of orthopedic tests; and (d) tenderness of the paraspinal muscles at the cervical, thoracic, and lumbar regions of the spine. *See Ex. 4.*

212. Based upon these purported histories, examinations, and findings, the Chiropractic Initial Reports record diagnoses of multiple spinal conditions, including sprains in the cervical, thoracic, and/or lumbar regions of the spine, muscle spasms, and segmented joint dysfunction in the cervical, thoracic, and/or lumbar regions of the spine and the hip. These findings that patients purportedly suffer from conditions in so many regions serve to justify more extensive manipulations for which Defendants can submit a higher charge under the applicable fee schedule. The chiropractors typically report patients' prognosis as "guarded." *See id.*

213. The Chiropractic Initial Reports also contain a preprinted treatment plan with 17 treatment "options" that can be checked as well as room to identify "Other" options. "Other" options are rarely, if ever, identified. Rather, Mollo and the other chiropractors routinely select the same treatment options: (1) chiropractic manipulative therapy for three times per week, often for four to six weeks, followed by a re-examination; and (2) V-sNCTs, which they describe as "small pain fiber studies of the cervical/lumbar spine to evaluate pathology to the A-delta, A-Beta, and C sensory nerve fibers." The treatment plan also typically includes referrals for x-rays and/or MRIs of the cervical, thoracic, and/or lumbar spine "to R/O [rule out] discogenic injury if symptoms persist for 3-4 weeks." *See id.* The chiropractic treatment plan rarely includes active therapy or exercise. *Id.*

214. When viewed as a group, the Chiropractic Defendants' referrals of patients for x-rays and MRIs also reveal other non-credible patterns. From August 2013 until July 2014, the initial examination forms reflect a referral for MRIs and/or x-rays. Beginning in July 2014 until September 2015, however, the Chiropractor Defendants' initial examination reports rarely, if ever, reflect referrals of patients for x-rays or MRIs, even though at least some of the patients received initial examinations during this period. The Chiropractor Defendants resumed

recommending x-rays and/or MRIs in November 2015 for virtually every patient. It makes no sense that (a) nearly every patient would receive a referral for x-rays and/or MRIs over the course of a one-year period; (b) then no patients receive any referrals for x-rays or MRIs for a 14-month period; and (c) then nearly every patient again receives referrals for x-rays and MRIs following their initial examination. In May 2016, ACH Chiropractic itself began billing for x-rays performed on patients at 1786 Flatbush.

b. Fraudulent Chiropractic Treatments

215. Following the initial chiropractic exams, patients are scheduled to receive chiropractic manipulations at 1786 Flatbush three to four times per week. The predetermined chiropractic treatment patients purportedly receive on almost every visit is almost identical and does not change regardless of whether the patient improves or gets worse.

216. Daily chiropractic progress or SOAP notes (“Chiropractic Daily Notes”) purport to reflect chiropractic manipulations provided to each patient on each visit and the assessments of the patients’ conditions; but, at most, they reflect cursory evaluations of patients to support the continuation of the Predetermined Treatment Protocol. The Chiropractic Daily Notes consist of pre-typed worksheets with spaces to circle findings. The forms routinely report patients’ complaints of “NP” (neck pain), “MBP” (mid-back pain); and “LBP” (low-back pain) and that the patients present with purported objective findings of “hypertonic” or “spasm” in the spine and/or joint dysfunction in multiple regions of the spine. *See* Ex. 22. The Chiropractic Daily Notes often reflect “No Change” to the patient’s condition, and that the chiropractic treatment should “Continue as planned.” *Id.* While the form includes a space to allow the chiropractor to “Modify” the treatment plan, modifications are rarely indicated.

217. Regardless of the outcome of the purported assessment, the Chiropractic Daily Notes reflect that each patient typically receives basically the same treatment: chiropractic

manipulations of the spine, most frequently for three to four regions of the spine. *See* Ex. 1. Following these manipulations, the Chiropractic Daily Notes routinely reflect that the “patient[s] felt . . . [b]etter.”

218. In addition, while a variety of potential chiropractic manipulation options and techniques are potentially available in a legitimate setting, the documentation at 1786 Flatbush does not describe the kind of chiropractic manipulations purportedly provided, and thus does not indicate that there is any variation in the time, frequency or type of chiropractic manipulations regardless of whether the patients improve or get worse. Further, although it is a common practice in a legitimate healthcare setting to document the name of the professional providing the service on any given day, the Chiropractic Daily Notes contain only illegible scrawled signatures, making it difficult if not impossible to identify the chiropractor or other individual who purportedly provided the manipulation.

219. The chiropractors do not conduct meaningful follow-up examinations, if they conduct them at all. In those instances in which they purport to conduct follow-up examinations, the examinations involve, at most, cursory exams of patients to support continuation of the predetermined chiropractic treatment. In particular, reports of follow-up examinations, which consist of single-page sheets with preprinted content, routinely indicate that, despite having undergone a course of purported chiropractic care, patients continue to complain of cervical and/or lower back pain. Even when patients purportedly have no range of motion deficits upon re-examination, the re-examination report recommends continuation of the same treatment plan and the patient thereafter continues the Predetermined Treatment Protocol, often including several more weeks of chiropractic manipulations. *See* Ex. 23.

220. Although patients receive evaluations and chiropractic manipulations from the chiropractors on the same visits to 1786 Flatbush when they purportedly also receive hot packs, electrical stimulation, massage, exercise, and acupuncture, the documentation provided to State Farm Mutual and State Farm Fire contains no indication of any communication between or among any of the professionals rendering services that would suggest any attempt to coordinate their treatment.

4. Defendants' Fraudulent Acupuncture Treatment

221. Defendants Deng and Deng Acupuncture also purport to perform acupuncture treatment on most State Farm Mutual and State Farm Fire insureds treated at 1786 Flatbush on the same days the patients also receive the above-described physical therapy and chiropractic manipulations. As discussed below, this acupuncture treatment is medically unnecessary and not legitimately provided.

a. Legitimate Acupuncture Treatment

222. Acupuncture services are premised upon the theory that there are twelve primary meridians with matching sinew channels and ten extraordinary meridians ("the Meridians") in the human body through which energy flows. Under the principles of acupuncture or Chinese medicine, every individual has a unique energy flow, also referred to as "Chi." When that Chi becomes disrupted or imbalanced for any reason (such as trauma), needles can be inserted or pressure can be applied to very specific points ("Acupuncture Points") along the Meridians to remove the disruption or imbalance and thereby restore the patient's Chi.

223. In addition to inserting needles into Acupuncture Points, in appropriate circumstances acupuncture can include a procedure known as "cupping." Cupping involves the application of suction to the skin using a small, open mouth plastic vacuum jar or "cup" or a pneumatic device to create a vacuum over the skin. Cupping is premised on the theory that

suction at appropriate locations removes pain-inducing stagnant blood by bringing it to the surface. During cupping, the cup is usually applied to the lower back, shoulders, and neck, and then left on the skin for about 10 minutes. While cupping may be appropriate for some patients in some circumstances, in a legitimate acupuncture setting it is performed infrequently as it usually produces noticeably visible bruises or welts on the skin. Also, due to the high likelihood of bruising, cupping is generally contraindicated for people who bruise easily or are obese. Moreover, even when cupping is indicated, it should not be repeated on the same patient regularly and it would be highly unusual to include cupping as part of each acupuncture session.

224. Legitimate acupuncture treatment begins with an examination of the patient. In addition to taking a detailed patient history on a variety of topics, such as the patient's reactions to heat and cold, perspiration patterns, thirst and appetite, pain type and location, and general medical history, a physical examination is also performed. Two critical components of this examination are the appearance of the patient's tongue (i.e., color, shape, texture, etc.) including the veins underneath the tongue, and various measurements of the patient's pulse (i.e., rate, rhythm, strength, etc.). The information gleaned from these components of the physical examination is necessary to accurately diagnose the patient and determine an individualized acupuncture treatment plan designed to benefit the patient by restoring their unique Chi.

225. Next, a specific acupuncture treatment plan is developed. This generally requires the insertion of needles into particular Acupuncture Points along the Meridians. There are over 360 Meridian Acupuncture Points, numerous "extra" points and countless "Ah Shi" points from which an acupuncturist may choose. Ah Shi points can only be detected by touch and palpation, often feel like a pea-size nodule under the skin, and are treated similarly to an Acupuncture Point. The location of Ah Shi points will necessarily vary from patient to patient, and can often

vary in a single patient over the course of multiple visits. This requires the practitioner to conduct a thorough examination and to properly document the location of the Ah Shi points in the particular patient. Any legitimate acupuncture treatment plan should typically include local points at the injury sites, proximal points (i.e., near the affected areas of the involved Meridian(s)), distal Acupuncture Points (i.e., distant from the affected areas of the involved Meridian(s)), and also address any Ah Shi points.

226. Finally, an acupuncture treatment plan is implemented. Treatment involves insertion of generally 10, but more typically 20 or more acupuncture needles, for a minimum of approximately 20 minutes into each of the selected Acupuncture Points. The number and location of the Acupuncture Points generally varies based each patient's unique circumstances as the patient's documented therapeutic response to each prior acupuncture treatment. Generally, more severe conditions are treated with greater frequency and more Acupuncture Points. As patients improve, treatment frequency and the number of points used should decrease.

227. The goal of legitimate acupuncture treatment is to effectively treat and benefit patients by restoring their unique Chi, relieving symptoms, and returning them to normal activity.

228. Further, a legitimate acupuncture treatment plan may permit frequent treatment sessions for the first two weeks of treatment. After this initial stage, the frequency of weekly treatment sessions typically decreases, leaving more time between treatments to assess how long the patient remains pain free and/or how long the therapeutic effect of such treatments can be maintained.

229. Legitimate acupuncture treatment also requires meaningful documentation of the: (a) patient's history; (b) physical examination; (c) diagnosis; (d) treatment plan; (e) results of each session; and (f) the patient's progress throughout the course of treatment.

230. Finally, legitimate acupuncture therapy requires continuous assessment of the patient's condition and energy flow, as well as the therapeutic effect of previous treatments. Acupuncture treatment plans, like most treatments, are fluid and should evolve over time as a patient responds to care. The goal of any legitimate acupuncture treatment plan is to return the patient to maximum health by restoring his or her unique Chi.

b. Defendants' Fraudulent Acupuncture Treatment

231. The Acupuncture Defendants' protocol treatment at 1786 Flatbush does not comport with any of the above basic tenets of legitimate acupuncture treatment. Instead, at best, it consists of inserting needles or cupping in an assembly line fashion that bears little, if any, relation to the patient's condition and is not designed to effectively treat or otherwise benefit the patient. As such, the acupuncture services as performed by the Acupuncture Defendants at 1786 Flatbush are not medically necessary. Instead, they enrich the Acupuncture Defendants through the submission of fraudulent charges to State Farm Mutual and State Farm Fire.

232. The Acupuncture Defendants purport to support their fraudulent charges with initial examination reports and treatment notes. With minor exceptions, these documents reveal the following pervasive patterns in the initial examinations, diagnoses, and treatment recommendations, patterns which are not credible across a large sample of individuals:

(a) Most patients present with an unremarkable family history, but complain of neck and/or back pain and pain in another region of the body. Although Deng's initial examination form provides several other possible pain descriptions which can be circled, in almost all cases, the pain is described as "persistent" and "sharp." Although Mollo, the Mollo Entities, and the Mollo Chiropractors often find patients complain of thoracic pain, Deng rarely does, even though he purportedly examines patients on the same visits or within days of the chiropractors' visits.

(b) While Deng's examinations are billed to State Farm Mutual and State Farm Fire using CPT Code 99203, which should be used for a thorough examination usually taking 30 minutes, Deng's examination forms do not reflect the taking of sufficient histories or adequate examinations, let alone a thorough examination that could take 30 minutes. Deng's initial examination reports contain almost no information about the patients, with the majority of patients' past medical histories reported as "None." Even when other providers at 1786 Flatbush note significant aspects of patients' medical history, such as prior surgery or cancer, Deng's reports rarely, if ever, mention such conditions or events.

(c) Nearly every patient on initial examination has the tongue assessed as "light red" in color and "normal" shape with a "thick white" coating. *See* Ex. 5.

(d) Although Deng's initial examination reports provide for more than 13 options of pulse characteristics, patients' pulses are routinely described as either "normal" or "floating." *See id.*

(e) Following their initial examination, patients are almost always diagnosed with Chi-blood stagnation, which is preprinted on the boilerplate form. Although there are more than 18 channels among the preprinted options on Deng's initial examination form, Deng routinely finds that the patient has stagnation of the blood at two channels: (1) "The Small Intestine Channel of Hand-Taiyong," and/or (2) "The Urinary Bladder Channel of Foot-Taiyang" ("UB Channel").

(f) In addition to the Chi diagnoses, Deng diagnoses most patients with a condition in one or more regions of the spine, most commonly (1) cervical sprain/strain; (2) lumbar myofascitis; and (3) lumbar sprain/strain, in addition to other diagnoses such as knee, or shoulder issues, or headaches.

(g) Deng's reports routinely conclude with boilerplate language that the treatment of acupuncture would be appropriate and necessary for several reasons, including to: (1) "[p]rovide symptomatic pain relief in acute and sub-acute stages of injury condition; (2) [a]ssist to reduce inflammatory response to affected areas; and (3) [r]eflexively subside painful muscle contraction and reactive spasm of the injured joint's intrinsic musculature, thereby reversing the pain-spams-muscle cycle."

(h) Deng's initial examination reports routinely contain a conclusion (in preprinted, boilerplate language) that there is "a direct causal relationship between the accident described and the patient's current injuries."

(i) Most patients receive an acupuncture treatment plan calling for acupuncture two to three times per week for four weeks.

(j) In the initial exam, the size, type, and sometimes the quantity of needles to be used is predetermined and described in preprinted template language. Specifically, the reports state the needles to be used are "[d]isposable and sterile, individually packed with guided PVC tube. Size 36# x 1.0 (0.20mm x 25mm) or 34# x 1.5 (.22mm x 40mm). 15 [minutes] for initial insertion or reinsertion." *See* Ex. 24. It is simply not credible that

it would be appropriate for the Acupuncture Defendants to use the same size and types of needles on every insertion point for every patient at almost every acupuncture session regardless of their individual conditions, as different body types and conditions require the use of different sizes and types of needles, or that the Acupuncture Defendants would almost always make that determination during the initial visit.

(k) While Deng's acupuncture initial examination reports provide a blank space for a "Prognosis" to be filled in, it is nearly always left blank.

(l) There are often inconsistencies between the purported findings of the Acupuncture Defendants, the Physician Defendants, and Chiropractor Defendants who purportedly examined the same patients on or about the same day. For example, Deng's reports of patients' complaints, range of motion in the neck and back, and even pulse often differ from the reported findings of the Physician Defendants and Chiropractor Defendants.

233. Based upon these purported examinations, diagnoses, and treatment recommendations, the Acupuncture Defendants subject patients to acupuncture treatment. With minor exceptions, documentation reveals the following pervasive, non-credible patterns in the treatment:

(a) The daily acupuncture SOAP note consists of a brief, preprinted form with areas for the provider to circle certain information and identify the Acupuncture Points at which acupuncture is purportedly performed. The handwriting on the form is often illegible, making it difficult if not impossible to determine what treatment is being provided.

(b) Based on the circles on the forms, patients are nearly always documented as presenting with neck and/or low-back pain and tenderness and spasms in their cervical and/or lumbar spine.

(c) Despite the importance of tongue characteristics and pulse to evaluating a patient's condition and Chi as discussed above, in most instances, the daily acupuncture SOAP notes do not document the condition of the tongue or pulse.

(d) Needles are inserted into a small range of common Acupuncture Points (almost always points along the UB Channel), which address only some, and never all, of the patients' purported conditions, and which appear to be determined only for the sake of expediency. The forms do not identify the number of needles used.

(e) If patients do, in fact, suffer from Chi-blood stagnation, Defendants do not use the most commonly recognized needle combinations to address this condition.

(f) Other than circling or checking "Yes" as to whether the patient tolerated treatment, there is no discussion of the patients' response to treatment.

(g) Treatment continues without change in frequency and without any indication of change in patients' conditions and therapeutic responses to treatment after any treatment session, or from the beginning through the end of the patients' entire treatment plans.

(h) Most treatment sessions are billed using CPT Code 97810, which purports to indicate that each session involved personal, one-on-one contact with the patient and an interval exam regarding the patient's condition, but there is no documentation any interval examination was done. Since no information is obtained or recorded regarding how the patient is responding to treatment, there is no documented basis for continuing treatment.

(i) Although the patients receive physical therapy and chiropractic care from other Defendants on the same visits, there is no record provided to State Farm Mutual or State Farm Fire of communications among the professionals rendering these services or an attempt to coordinate their treatment.

234. In addition to treating patients with needles, the Acupuncture Defendants subject patients to cupping. Cupping is included in patient treatment although it is almost never mentioned in the initial examination reports, let alone identified as part of the acupuncture treatment plan. And, although, for the reasons discussed above, cupping should be relatively rare and not repeatedly performed, cupping is performed both frequently and repeatedly at 1786 Flatbush. As reflected on the chart attached as Exhibit 5, the Acupuncture Defendants administered cupping to many patients repeatedly over multiple visits, on nearly every visit, and more often than ordinary needle-based acupuncture. Ex. 5. In several cases, cupping was used exclusively. *Id.*

235. The Acupuncture Defendants' documentation provides no justification for cupping or any explanation as to why it is being used as opposed to, or in addition to, routine acupuncture. There is also no indication that anyone inquires whether a patient would bruise easily or considers whether patients' weight or body characteristics might render them inappropriate candidates for the procedure.

236. Among the reasons the Acupuncture Defendants administer cupping and do so with such frequency is because they know that cupping is not a listed treatment modality under the fee schedule applicable to New York No-Fault claims, and therefore is not subject to certain limitations. Acupuncture involving the insertion of needles is typically billed under CPT Codes 97810 and 97811, which under the New York fee schedule limit reimbursement to one charge for the first 15 minutes of treatment and a second charge for the next 15 minutes of treatment, respectively, regardless of the number of needles inserted. The Acupuncture Defendants bill for cupping under CPT Code 99199 as an “unlisted special service, procedure or report,” which enables the Acupuncture Defendants to set their own reimbursement charges, increase the amount they charge on a daily visit, and circumvent the fee schedules applicable to more common acupuncture treatments.

5. Fraudulent Diagnostic Tests

237. As set forth in Exhibits 1 and 6, patients were also subjected to unnecessary diagnostic Tests ordered by the Physician Defendants and the Chiropractor Defendants, including ROM Tests, Muscle Tests, NCVs, EMGs, SSEPs, BEPs, Functional Capacity Evaluations, and V-sNCT tests. Even if these Tests as administered had any clinical value, which as discussed next they did not, Defendants’ medical records do not document or reflect that the results of such tests altered or affected patient treatment in any way.

a. Fraudulent Computerized ROM Tests and Muscle Tests

238. Most patients treated at 1786 Flatbush are subjected to medically unnecessary ROM Tests and Muscle Tests ordered by the Physician Defendants, most often performed on multiple occasions three to four weeks apart, and billed by each of the Physician Defendants and by Allay, KP Medical, JPF Medical, and PFJ Medical. *See* Ex. 1. As discussed above, although the Physician Defendants’ initial evaluation form contains an option for “computerized

ROM/MMT,” which is hardly every checked, they perform such testing and submit charges to State Farm Mutual or State Farm Fire for virtually every patient.

239. The measurement of a particular joint’s full mobility is that joint’s range of motion. Charts listing generally agreed upon full ranges of motion for each joint are available in many standard textbooks. A traditional, or manual, range of motion test consists of a non-electronic measurement of a joint’s ability to move through its arc of motion which then can be compared to an unimpaired or ideal joint. Active range of motion testing is effectuated by a doctor asking the person to move a joint to its full extent and this testing may be measured by a manual inclinometer or goniometer (devices used to measure angles). Active range of motion can be inaccurate if the patient does not provide full effort. Passive range of motion testing is performed by the clinician moving a patient’s joints to identify anatomic restrictions of movement.

240. A traditional, or manual, muscle strength test consists of a non-electronic measurement of muscle strength, using a generally accepted scale of 0 to 5, accomplished by having the person move a joint against resistance applied by a physician or clinician. For example, if a physician were to measure a person’s knee flexion strength, he or she would apply resistance against the person’s posterior foreleg while having him/her flex the knee.

241. A physical examination performed on a person with soft-tissue trauma will typically require manual range of motion testing and muscle strength testing to assess injury in order to make a diagnosis and develop a program to address any limitations in that person’s motion and strength limitations. Doctors document range of motion and strength impairment to provide an objective frame of reference as it pertains to functional tasks, which allows the doctor to monitor progress. Manual range of motion and strength tests are regularly done as part of the

initial evaluation of a patient and any reevaluation of the patient and are billed as part of the overall evaluation charge; they are not billed separately.

242. The ROM Test is purportedly performed through the placement of a digital inclinometer (typically affixed by Velcro straps) on various parts of a patient's body while the patient is asked to move the related joint through its available motion. The ROM Test is almost identical to the traditional or manual range of motion testing except that a digital reading is gained rather than a manual one. This test is also dependent upon patient cooperation and effort, as well as the skill of the examiner.

243. The Muscle Test is purportedly performed through the placement of an accelometric measurement apparatus against a stationary object, against which the patient contracts a particular muscle three to four separate times. The Muscle Test is almost identical to the traditional or manual muscle strength testing performed by physicians during an examination, except that a digital reading is gained identifying the pounds of pressure that the patient exerts as opposed to a 0 to 5 scale. The electronic data gathered does not take into account whether the patient is applying full effort, and its accuracy is therefore also dependent upon patient cooperation, effort, and the skill of the examiner.

244. When the ROM Test and the Muscle Test are performed, the decision of which joints to test in a ROM Test and which muscles to test in the Muscle Test should be tailored to each patient's unique injury and the clinical findings of that individual patient. As a result, the particular joints and muscles tested should be individualized for each patient.

245. While the ROM Tests and the Muscle Tests could be useful tools in some circumstances, for example, as part of a medical research study, under the circumstances

employed at 1786 Flatbush, they were medically unnecessary and were part and parcel of the fraudulent Predetermined Treatment Protocol to maximize profits.

246. In particular, most patients at 1786 Flatbush purportedly underwent traditional, manual range of motion testing and muscle strength testing as part of their initial and follow-up examinations with, at least, the Physician Defendants, Chiropractor Defendants, and Physical Therapy Defendants. Nevertheless, patients were also unnecessarily subjected to ROM Tests and Muscle Tests. The ROM Tests and Muscle Tests were not tailored to patients' individual needs, did not provide any additional data over the manual range of motion and muscle strength tests that were allegedly performed, and were irrelevant to the monitoring of the restoration of function for purposes of treatment. In the relatively minor soft-tissue injuries allegedly sustained by the patients, the difference of a few degrees in the patients' range of motion reading or pounds of resistance in the patients' muscle strength testing is unimportant to the diagnosis or treatment of such patients.

247. Even if there was a reason to perform ROM Tests or the Muscle Tests, the methods in which the tests are performed are not tailored to individual patients, are not intended to identify or diagnose particular conditions, and do not facilitate treatment or result in change in treatment program. While a variety of measurements can be recorded in each test, many joints in the body are never tested in Defendants' tests, and other joints in the body are tested repeatedly regardless of each patient's specific complaints or conditions. In addition, many patients are tested in joints as to which they have not previously been diagnosed as having an issue.

248. Finally, many bills for Muscle Tests submitted by the Physician Defendants used multiple charges of CPT Code 95831 to represent that as many as five separate measurements had been performed on each patient, as well as a separate charge for CPT Code 95833, and that

Defendants were therefore entitled to bill State Farm Mutual and State Farm Fire for each measurement, separate and independent from one another. In some cases, these Defendants claim to have taken as many as six separate measurements, resulting in total charges of \$332.32 per patient. According to the applicable fee schedule, however, a healthcare provider seeking reimbursement for Muscle Tests may only use CPT Code 95831 and bill 5.16 relative units (translating into \$43.60) for each “extremity” or “trunk section” which is tested, but should use CPT Code 95833 and bill a maximum of 14.88 relative units (\$125.73) if the entire body is tested. As a result of the misrepresentations, even if the Muscle Tests had value and were properly reimbursable (which they were not), on each of the bills seeking payment for the testing of more than three separate muscles, Defendants defrauded State Farm Mutual and State Farm Fire into paying more than they were entitled to be paid.

b. Fraudulent NCV and EMG Testing

249. Most patients at 1786 Flatbush are also routinely subjected to medically unnecessary NCVs and EMGs performed by Parisien, Dabiri, Blackman, Lacina, Pavlova, and persons working under their direction, and billed by Parisien, Dabiri, Blackman, Pavlova, Allay, KP Medical, ACH Chiropractic, Island Life, JPF Medical, RA Medical, and PFJ Medical.

i. Neurological Testing

250. The human nervous system is composed of the brain, spinal cord, and peripheral nerves that extend throughout the body, including the arms and legs and into the hands and feet. Two primary functions of the nervous system are to collect and relay sensory information through the nerve pathways into the spinal cord and up to the brain, and to transmit signals from the brain into the spinal cord and through the peripheral nerves to initiate muscle activity throughout the body. Sensory nerves are responsible for collecting and relaying sensory

information to the brain. Motor nerves are responsible for transmitting signals from the brain to initiate muscle activity throughout the body.

251. Peripheral nerves consist of both sensory and motor nerves. They travel throughout the body and come together at specific points along the spine before traveling up the spinal cord to the brain. The segments of nerve closest to the spine, and through which impulses travel between the peripheral nerves and the spinal cord, are called nerve roots. Injury to a nerve root is called radiculopathy, and can cause various symptoms including pain, altered sensation, and weakness.

252. Legitimate EDX tests can be performed on patients who report symptoms that may suggest neurological pathology, such as pain in the neck and/or lower back region that radiates to the arms or legs, abnormal weakness in limbs, or significant changes in sensation in limbs.

253. If properly performed and interpreted, NCVs and EMGs can be used to diagnose the existence, nature, extent, and specific location of nerve abnormalities that may be causing the purported symptoms, including peripheral nerve injuries (e.g., injuries to the nerves in the arms and legs) and radiculopathies (pinched nerve roots that run along both sides of the spine at each vertebra level).

ii. NCV Tests

254. NCVs are non-invasive tests in which peripheral nerves in the arms and legs are stimulated with electrical currents. The velocities, amplitudes, and shape of the response are then recorded by electrodes attached to the surface of the skin and compared with well-defined normal responses to identify the existence, nature, extent, and specific location of any abnormalities in the sensory and motor nerve fibers of the peripheral nerves in the arms and legs.

255. Several peripheral nerves in the arms and legs can be tested with NCVs. Moreover, many of these peripheral nerves have both sensory and motor nerve fibers, either or both of which can be tested. The decision of which peripheral nerves to test in each limb and whether to test the sensory fibers, motor fibers, or both in any such peripheral nerve should be tailored to each person's unique circumstances. In a legitimate clinical setting, this decision is determined based upon a history and physical examination of the individual as well as the real-time results obtained as the NCVs are performed on the sensory and/or motor fibers of each peripheral nerve. As a result, the nature and number of the peripheral nerves and the types of nerve fibers tested with NCVs should vary by individual.

iii. EMG Tests

256. EMGs involve inserting needles into various muscles in the spinal area ("paraspinal muscles") and in the arms and/or legs and measuring electrical activity in each such muscle. The sound and appearance of the electrical activity in each muscle are compared with well-defined norms to identify the existence, nature, extent, and specific location of any abnormalities in the muscles, peripheral nerves, and nerve roots.

257. Many different muscles and nerves in the arms and legs can be tested with EMGs. The decision of how many limbs and which muscles to test in each limb should be tailored to each individual's unique circumstances. In a legitimate clinical setting, this decision is determined based upon a history and physical examination of the individual, patient, the presenting symptoms, the real-time results of NCVs which are typically performed in conjunction with EMGs, and the real-time results obtained from the EMGs as they are performed on each specific muscle. As a result, the number of limbs tested, as well as the nature and number of the muscles tested, should vary by patient. Moreover, legitimate EMG testing will

likely show significant differences in results across patients because of the inherent variability among patients in both presenting symptoms and in real-time EMG results.

258. NCVs and EMGs should be performed together in the same session by the same healthcare provider. Among other things, real-time results obtained during the tests can and should influence how each is performed and interpreted, and results from both are typically necessary to diagnose and localize injury. Thus, it is impossible to diagnose radiculopathy without an EMG.

iv. The AANEM Recommended Policy

259. The American Association of Neuromuscular & Electrodiagnostic Medicine (“AANEM”), founded in 1953, is the largest organization worldwide dedicated solely to the scientifically based advancement of neuromuscular medicine. AANEM membership is comprised of over 5,000 physicians, primarily neurologists and physiatrists. AANEM’s primary goal is to increase the quality of care for patients with neurological disorders through programs in education, research, and quality assurance. AANEM has issued a Recommended Policy (“Recommended Policy”) regarding the optimal use of EDX tests, including NCV and EMG tests, to diagnose various forms of nerve abnormalities, including peripheral nerve injuries and radiculopathies. *See* Ex. 25. The Recommended Policy has been endorsed by two other premier professional medical organizations, the American Academy of Neurology and the American Academy of Physical Medicine and Rehabilitation.

260. The Recommended Policy arises out of the recognition that EDX studies “have occasionally been abused by some providers, resulting in overutilization and inappropriate consumption of scarce health resources.” AANEM’s Recommended Policy accurately reflects the demonstrated utility of various forms of EDX studies, including NCVs and EMGs, for diagnosing radiculopathies and other disorders of the central and peripheral nervous systems.

261. The Recommended Policy correctly recognizes that “EDX studies are individually designed by the EDX consultant for each Patient” and that “[t]he examination design is dynamic and often changes during the course of the study in response to new information obtained.” Therefore, the decision of which nerves and muscles, if any, should be tested with NCVs and EMGs should be individually tailored by a physician to address each patient’s unique circumstances based upon a history and examination of the patient, as well as the real-time results as the NCVs and EMGs are performed. The Current Procedural Terminology guide which sets forth codes (CPT Codes) used by healthcare providers to describe and bill for services similarly reminds that “[n]erve tests *must* be limited to the specific nerves needed for the particular clinical question being investigated.” (Emphasis added).

262. According to the Recommended Policy, the maximum number of EDX tests that should be required to diagnose radiculopathy in more than 90% of patients is: (a) NCVs of three motor nerves and two sensory nerves, and (b) EMGs of two limbs. These maximum numbers “are to be used as a tool to detect outliers so as to prevent abuse and overutilization.”

v. Defendants’ Fraudulent NCVs and EMGs

263. Defendants use NCVs and EMGs not to legitimately diagnose the patients’ conditions but to maximize profits and to attempt to document conditions, whether they exist or not, to justify further treatment. Specifically, this includes: (i) testing patients without indications that tests are necessary; (ii) performing NCVs without EMGs or performing NCVs and EMGs separately on different dates that are often days or even weeks apart; (iii) performing tests in a formulaic fashion to maximize charges; and (iv) making diagnoses based on insufficient information and information that is not credible.

264. *First*, in most instances, tests are performed without any indication patients need them. Defendants typically purport to provide NCVs and EMGs to diagnose or rule out

radiculopathy. In a legitimate setting, a patient suspected of suffering from radiculopathy would show signs of neck or back pain accompanied by numbness, tingling, and/or pain radiating to an extremity. However, according to the Initial Evaluation Reports of the Prescribing Physicians more than half the patients subjected to NCVs and EMGs had none of these indications. *See* Ex. 6.

265. *Second*, as set forth in Exhibit 6, in many instances Parisien, Dabiri, and Blackman performed NCVs without EMGs, EMGs without NCVs, and NCVs and EMGs on different days. In some instances, NCVs and EMGs were performed weeks apart. But, for the reasons alleged above (*see supra* ¶ 258), performing tests in this manner substantially undermines their value. Defendants purport to use the tests to diagnose radiculopathy, but diagnosing radiculopathy typically requires a normal NCV and an abnormal EMG, and both components are necessary to diagnose the condition and identify the levels of the spine at which it is occurring.

266. The vast majority of Defendants' NCVs and EMGs yield normal results or no evidence of a radiculopathy, suggesting there was no need to perform such tests in the first place.

267. *Third*, Parisien, Dabiri, and Blackman do not tailor the NCVs and EMGs to patients' unique circumstances but perform them in a formulaic fashion that maximizes the charges they can submit to State Farm Mutual and State Farm Fire. Specifically, these Defendants perform NCVs on the same peripheral nerves and nerve fibers for almost every patient, and perform EMGs on the same muscles in all four limbs in almost every patient. Parisien, Dabiri, and Blackman perform the tests in this fashion without regard to patients' individual symptoms or what the data shows as the tests proceed. In marked contrast to the standards recognized by the Recommended Policy, Defendants perform for most patients: (a)

NCVs of the same four motor nerves, and (b) NCVs of the same five sensory nerves. *See* Ex. 6. Further, it is unusual for patients to be symptomatic in four separate limbs and require EMGs in four limbs, yet Defendants performed four limb EMGs in almost every patient, and they often tested as many as 36 separate muscles in a single patient. *See id.*

268. Patients at 1786 Flatbush are also routinely tested bilaterally even if only one side is symptomatic. *See id.* Similarly, upper limbs and lower limbs are both tested regardless of whether the patient's symptoms are localized in the upper or lower extremities. *See id.*

269. Defendants also either missed or ignored actual conditions that the documented results of the NCVs identified. For example, in one patient purportedly tested by Blackman, NCV results indicated the patient suffered from a conduction block in a left median nerve, which would denote demyelination, a potentially serious condition that Blackman's report simply ignored.

c. Fraudulent SSEPs and BEPs

270. Patients at 1786 Flatbush were also subjected to medically unnecessary SSEPs and BEPs. From October 2013 through at least October 2015, evoked potentials were ordered, performed, and billed by the Physician Defendants and by Allay, Island Life, JPF Medical, KP Medical, and PFJ Medical.

i. SSEPs

271. SSEPs are non-invasive tests in which peripheral nerves in the arms and legs are stimulated with electrical currents. The potentials evoked by this electrical stimulation are then recorded by electrodes attached to the scalp. SSEPs are most often used in conjunction with spinal surgery to alert surgeons to potential problems during surgery. SSEPs have little to no value in diagnosing and localizing radiculopathy. The test involves stimulating major "mixed" nerves at the wrist (median nerve) and ankle (tibial nerve). "Mixed" nerves contain nerve fibers

that travel to more than one nerve root (e.g., the median nerve contains sensory fibers that run through the C6 and C7 nerve root). Thus, it is impossible to know from an abnormal result which nerve root is an issue, and a normal result does not rule out a nerve root issue because the SSEP signal could simply have bypassed the abnormal root. Additionally, SSEP signals travel along the peripheral nerves and the spinal cord to the brain. As a result, any slowed or abnormal SSEP can be caused by a problem at any point along the path of the signal — in the peripheral nerve, the nerve root, the spinal cord, or the brain.

272. The AANEM has produced a report as to the clinical use of SSEPs, which is attached as Exhibit 25. *See* Ex. 25 at 17. According to the SSEP Recommended Policy, SSEPs “are generally not useful in the evaluation of acute radiculopathies,” and the amount of information gained from SSEPs as to radiculopathies is “low compared to information obtained from the neurological examinations, needle electromyography (EMG), and H-Reflex studies.”

273. The SSEPs performed on patients of Parisien, Dabiri, and Blackman were medically unnecessary. SSEPs were performed on over 100 patients at 1786 Flatbush. *See* Ex. 1. They were purportedly ordered and performed for the purpose of diagnosing radiculopathy, yet, as noted above, they cannot reliably do so. The patient files fail to document why patients allegedly needed SSEPs, and, regardless of what the test results showed, the results are not mentioned again in the patients’ records and have no effect on treatment. Moreover, the Physician Defendants performed SSEPs in a formulaic fashion on both the upper limbs and lower limbs for patients without regard to individual patients’ particular needs. The SSEP reports, regardless of whether they bear the signature of Parisien, Dabiri, or Blackman, virtually always conclude with the same sentence indicating a normal SSEP result: “The above

electrodiagnostic study revealed no evidence of delayed nerve conduction throughout the spinal nerve roots, spinal cord or brain stem.”

ii. BEPs

274. BEPs measure responses in brain waves that are stimulated by a clicking sound to evaluate the central auditory pathways of the brain. The test is accomplished by placing the individual in a chair or bed, and requesting that the patient relax and remain still. Electrodes are placed on the individual’s scalp and on each earlobe. Clicking noises or tone bursts are then piped through earphones, and the electrodes pick up the brain’s response and record it on a graph.

275. The indications for a BEP are extremely limited and thus their use should be rare. Legitimate clinical applications of BEPs include assessing hearing in newborns and identifying tumors of the auditory nerve (i.e., acoustic neuroma); intraoperative monitoring during neurosurgery of the brainstem; assessing hearing in individuals incapable of giving voluntary responses (e.g., young children, non-cooperative, or non-communicative patients); and diagnosing neurological conditions affecting the brainstem (principally multiple sclerosis and, less often, brainstem tumors).

276. While none of the patients treated by Parisien, Dabiri, and Blackman reportedly had any of these conditions, Parisien, Dabiri, and Blackman routinely performed or supervised a technician who performed BEPs on at least 160 patients at 1786 Flatbush. *See* Ex. 1. The test reports are form documents containing no indication any effort was made to tailor the BEP to the individual patient. Indeed, many reports purportedly authored by different Physician Defendants document the same “chief complaint” with the same typographical error which describes a patient “who presents who presents [sic] with well as [sic] general dizziness and balance problems.” Patient records do not indicate why the BEP was performed, and the documented

results of the BEP for every patient of which State Farm Mutual and State Farm Fire are aware were normal in both the right and left ear.

d. Functional Capacity Evaluations

277. Additional medically unnecessary tests most patients at 1786 Flatbush undergo include Functional Capacity Evaluations. *See* Ex. 1. Functional Capacity Evaluations were performed at 1786 Flatbush and billed by Parisien, Dabiri, Pavlova, Blackman, Lacina, Allay, JPF Medical, KP Medical, and PFJ Medical.

278. Functional Capacity Evaluations are meant to gauge whether a patient has sufficient strength, endurance, and ability to perform the patient's job, to assist in vocational rehabilitation, to determine a patient's maximal functional level at the time they are fully improved, and to assist in setting any limits on job tasks a patient can perform. In accordance with the applicable fee schedule, Functional Capacity Evaluations should only be used "at the point of maximal medical improvement," and only when the patient: 1) is preparing to return to a previous job; 2) has been offered a new job; or 3) is working with a rehabilitation provider and a vocational objective is established. The reasons for the Functional Capacity Evaluations must be documented and reports must include patient demographics including work history, indications for the evaluation, and a narrative with recommendations. Because these tests are most often used to evaluate work tolerance and the necessity for work restrictions, they should be individually tailored for each patient and geared toward a specific diagnostic goal, such as determining if the patient can go back to their specific job or needs work restrictions or even a different job.

279. The Functional Capacity Evaluations performed by Parisien, Dabiri, Pavlova, Lacina, and Blackman at 1786 Flatbush were medically unnecessary, were not individually tailored, and were given in a formulaic fashion, involving the same sets of tasks, to almost every

patient regardless of their unique complaints, response to treatment, work status, or work type. It is not claimed or documented that tested patients are “at the point of maximal medical improvement,” but nonetheless tests are administered, often multiple times, after which the Predetermined Treatment Protocol continues. The records likewise do not indicate any patient is preparing to return to a previous job, has been offered a new job, is working with a rehabilitation provider, or has had a vocational objective established. Nor do the records document how, if at all, test results impacted patient treatment.

280. Documentation of the Functional Capacity Evaluations submitted to State Farm Mutual and State Farm Fire consists of Functional Capacity Evaluation Reports. Patients purportedly perform six types of lifts, wherein the pounds of force they exert is recorded on a handwritten form. At some point thereafter, these measurements are imported into a software program which generates an eight-page Functional Capacity Evaluation Report with bar graphs and the patients’ rating as compared to a normative average. These Functional Capacity Evaluation Reports reflect pervasive patterns that are not credible. For example, strength measurements for most patients are purportedly worse than the lowest 10th percentile, indicating a level of impairment that would be unusual in one patient with the types of injuries purportedly documented, let alone for a large number of patients. Additionally, in many cases patients do worse on subsequent tests without any discussion as to why patients purportedly undergoing treatment are not getting better.

281. Further, Parisien, Dabiri, Pavlova, Blackman, Lacina, Allay, JPF Medical, KP Medical, and PFJ Medical submit charges for the Functional Capacity Evaluations using CPT Code 97750, the code for physical performance testing, not Functional Capacity Evaluations, which would properly be billed using CPT Code 97800. In this way, they fraudulently conceal

that they are, in fact, performing Functional Capacity Evaluations and that their tests are ineligible for reimbursement because they have not met the reimbursement requirements for Functional Capacity Evaluations in the applicable fee schedule.

e. Fraudulent V-sNCT Testing

282. Mollo and the Mollo Entities also order yet another medically unnecessary diagnostic test — the V-sNCT test — which is ordered for nearly every patient during chiropractic initial examinations. Mollo and the Mollo Entities record in the Chiropractic Initial Reports that they are ordering “small pain fiber studies of the cervical/lumbar spine to evaluate pathology to the A-delta, A-Beta, and C sensory nerve fibers.” *See* Ex. 26. Based on these orders, Mollo and the Mollo Entities subject many patients to V-sNCT tests, which are then billed to State Farm Mutual and State Farm Fire by Island Life and Penn Chiropractic P.C. On at least one occasion, Parisien submitted a bill to State Farm Mutual for a V-sNCT test purportedly performed by chiropractor Sweet Ehigiegba at 1786 Flatbush.

283. V-sNCT tests are non-invasive tests that, according to proponents of V-sNCT testing, purport to diagnose abnormalities only in the sensory nerves and sensory nerve roots. They do not and cannot provide any diagnostic information regarding the motor nerves and motor nerve roots. V-sNCT tests are performed by administering electrical voltage through specific skin sites to stimulate sensory nerves in the arms, legs, hands, feet, and face. The intensity of the electrical voltage is increased until the patient reportedly perceives a sensation from the stimulus caused by the voltage. “Findings” are then made by comparing the minimum intensity of electrical voltage at which the patient announces he or she perceives some sensation to the purported normal ranges.

284. The sensory nerves are comprised of several different kinds of nerve fibers, including the A-beta fibers, the A-delta fibers, and the C fibers. According to proponents of V-

sNCT testing, V-sNCT tests allegedly can diagnose the existence, nature, extent, and location of any abnormal condition in each of these noted nerve fibers by using three different frequencies of electrical current.

285. Mollo and the Mollo Entities know however, that V-sNCT tests are unable to truly diagnose the existence, nature, severity, or specific location of any abnormalities in the sensory nerves or any of the nerve fibers. Among other things, Defendants know that V-sNCT tests cannot localize sensory loss to any specific place within the nervous system. Electrical current or voltage must travel between two points and complete a circuit. V-sNCT tests involve electrical current or voltage traveling from a probe placed at the test site through the limb being tested, through the torso to a ground electrode placed under the patient's back. Because the electrical current or voltage can affect any nerve in proximity to the electrical path from the probe to the ground electrode, there is no way to know that the electrical stimuli are producing a sensation in any particular nerve. Moreover, even if electrical current or voltage were stimulating a particular nerve, and a patient's statement of diminished sensation were indicative of an injury, there would be no ability to determine where along the path of that nerve from the limb to the brain — which includes the peripheral nerve, nerve roots, nerves in the spinal cord, and nerves in the brain — an injury existed. As a result, V-sNCT tests cannot diagnose radiculopathies (injury at the nerve root) as any statement of diminished or heightened sensation could just as easily imply nerve injury somewhere along the nerve pathway other than at the nerve root. Additionally, no reliable evidence proves that valid normal ranges of intensity required to evoke a sensation in fact exist to compare with the unique results from an individual's V-sNCT tests to arrive at a legitimate finding.

286. Moreover, data from administration of the V-sNCT tests can be manipulated in a number of ways to produce any desired result, undermining any claim that the test is objective. In particular, “findings” at each site are either plotted by hand on a graph or analyzed by computer to draw conclusions and make diagnoses. The data, however, can be adjusted by a variety of factors, including a belief (which has no support in medical science) that a particular patient is naturally hypoesthetic or hyperesthetic, and a “correction factor.” Even if the V-sNCT tests had some medical or diagnostic value, no reliable evidence proves any of these adjustments is necessary or appropriate or anything more than an opportunity for the individual analyzing the test results to reach a predetermined conclusion and use a manufactured finding of an abnormal condition to justify additional treatment that can be billed to insurers.

287. Additionally, contrary to documents submitted to State Farm Mutual and State Farm Fire by Mollo and the Mollo Entities, (a) despite an explicit representation in the Chiropractic Initial Reports that the tests are ordered to “evaluate pathology to the A-delta, A-Beta and C sensory nerve fibers,” no reliable evidence proves the different frequencies of electrical current used by the test can in fact stimulate and reliably test any or all of these three nerve fibers; (b) even if valid normal ranges of intensity required to evoke a sensation existed, no reliable evidence proves that a current perception threshold greater than the normal range would indicate a hypoesthetic condition (the sensory nerves have decreased function) or that current perception threshold less than the normal range would indicate a hyperesthetic condition (the sensory nerves are in a hypersensitive state); (c) even if an abnormal current perception threshold indicated either a hypoesthetic or hyperesthetic condition, no reliable evidence proves that the extent or cause of any such conditions could be identified from the V-sNCT test (indeed, numerous pathological and physiological conditions other than peripheral nerve damage can

cause hyperesthesia and hypoesthesia); (d) no reliable evidence proves V-sNCT tests provide any information that would have any value beyond that which could be gleaned from a routine history and physical examination of the patient; (e) no reliable evidence proves V-sNCT tests provide any information that would indicate the nature or extent of any abnormality in the sensory nerves or sensory nerve roots; (f) the V-sNCT tests do not provide any information regarding the motor nerves or motor nerve roots which are at least as likely as the sensory nerves or sensory nerve roots to be injured in an automobile accident; (g) at most the test would amount to a quantitative sensory test that has no clinical value; and (h) there would be no diagnostic advantage to using the V-sNCT tests to obtain information regarding the sensory nerve fibers where, as here, patients were also subjected at about the same time to NCVs and EMGs which are well established in the medical, neurological, and radiological communities for diagnosing the existence, nature, severity, and specific location of any abnormalities in both the sensory and motor nerves as well as the nerve roots.

288. Consistent with the conclusion no reliable evidence supports the validity of V-sNCT tests, the American Medical Association's Physicians' Current Procedural Terminology handbook, which establishes thousands of procedure codes ("CPT Codes") for physicians to use in describing their services for billing purposes, does not recognize a CPT Code for V-sNCT tests. Further, the Center for Medicare and Medicaid Services ("Medicare") reviewed the efficacy of current perception threshold tests, which are essentially the same as V-sNCT tests, and issued a national coverage determination concluding current perception threshold tests are not medically reasonable and necessary for diagnosing sensory neuropathies (i.e., abnormalities in the sensory nerves) or radiculopathies and therefore are not compensable.

289. Nonetheless, to support the fraudulent charges, Mollo and the Mollo Entities submit forms reflecting the data purportedly recorded during the test and boilerplate Electrodiagnostic Examination Reports (the “V-sNCT Reports”). Mollo and the Mollo Entities know they are all false and misleading in several material respects including: (a) there is no valid basis or support for many of the statements and claims about the V-sNCT; (b) there is no valid basis or support for many of the statements and claims about NCVs and EMGs; (c) there is no valid basis or support for many of the statements and claims about human physiology, the human nervous system, or the response of the human nervous system to injury; and (d) there is no valid basis or support for many of the statements and claims about electricity and the science of electrical engineering.

290. The V-sNCT Reports purport to set forth findings. In most instances, they conclude that “[f]indings suggesting pathology” exist at a specific nerve and, in a relatively small number of cases, that a hyperesthetic condition exists. *See* Ex. 27. Regardless, almost every test reaches the conclusion that the patients’ results are abnormal, either with results that are “higher than average” or “lower than average.” *See id.*

291. Finally, Mollo and the Mollo Entities bill State Farm Mutual and State Farm Fire for V-sNCT tests under the CPT Code 95999, which under the New York fee schedule governing No-Fault claims, is an “Unlisted neurological or neuromuscular diagnostic procedure.” A separate charge using this code is submitted for each nerve purportedly tested. Defendants’ bills purport to report testing of at least 14 nerves, and often as many as 32 separate nerves, resulting in charges from \$1,022 to \$2,360 for a single test.

6. Injections

292. Many patients treated at 1786 Flatbush are also subjected to medically unnecessary trigger point injections and dry needling procedures purportedly provided by the

Physician Defendants and billed by the Physician Defendants, Allay, FJL Medical, JFL Medical, JPF Medical, KP Medical, PFJ Medical, and RA Medical.

a. Trigger Point Injections

293. Trigger points, also known as trigger sites or muscle knots, are irritable portions of an individual's muscle associated with palpable nodules in taut bands of the muscle fibers. They may cause local pain at the site of the trigger point, can cause referred pain to another area of the body in well-documented referral patterns, and can result in reduced range of motion. Trigger points can also generate a local twitch response or spasm upon palpation of the affected area. Trigger points may be caused by a number of factors, including acute or chronic muscle overload and acute trauma.

294. A trigger point injection involves inserting a needle into the muscle knot or trigger point and injecting medication into the affected area. The medication injected typically contains a local anesthetic and sometimes a corticosteroid, which is meant to anesthetize and relax the muscle in the trigger point, decrease inflammation, and provide pain relief.

295. Multiple trigger point injections for any one patient may be appropriate depending on the patient's particular symptoms, but injections should be limited to the least number necessary. Limiting the number and frequency of trigger point injections is particularly important when the injections include a corticosteroid because the side effects and dangers of corticosteroids are dose and frequency dependent. Among these dangers, repeated administration of corticosteroids can cause adrenal suppression in which the body shuts down its own production of cortisone. Corticosteroids can also suppress the body's immune system and increase the risk of infections, result in changes in blood sugar, changes in blood pressure, depression, mania, bone thinning, bone fractures, and osteonecrosis of the hip and shoulder. For all of these potentially dangerous complications, the level of risk to an individual patient is

directly related to both the dose of corticosteroids given and to the frequency of administration. As such, the amount of corticosteroids used during trigger point injections and the frequency of administering trigger points injections with corticosteroids should be limited to the minimum amount medically necessary considering the risks to the patient.

296. Risks of trigger point injections also include risks from the procedure itself, which involves inserting needles into patients, such as local and systemic infection, hematoma, pneumothorax, and local and systemic effects of the medications delivered. Moreover, any use of local anesthetic can involve risks, particularly in increased volumes, including central nervous system toxicity which can lead to seizures and cardiac toxicity which can lead to arrhythmia and even death.

297. In most circumstances, trigger point injections should only be repeated if the patient has experienced substantial pain relief with a prior injection. Because of the dangers associated with corticosteroids in particular, subsequent trigger point injections that include corticosteroids should generally not be performed until several weeks have passed and the number of administrations limited to no more than three times in any six-month period. Any treatments in excess of this should not be performed without documentation of the medical rationale to justify the risks to the patient and the documented, informed consent of the patient to these risks.

b. Dry Needling

298. Dry needling is intended to address the same conditions as trigger point injections — trigger points or muscle knots. It involves inserting a small gauge needle into the muscle knot or trigger point and mechanically breaking up the muscle tightness with rapid needle insertion in and out of the muscle. Unlike trigger point injections, dry needling does not include injecting a solution into the muscle by needle. The purported rationale for dry needling is that movement of

the needle can irritate the “knot” in the affected muscle fibers and cause it to break up, thereby permitting the patient to experience pain relief and increased range of motion. Dry needling is similar to acupuncture in that both involve the use of needles placed in the body for treatment. But while acupuncture usually involves the insertion of multiple needles at the same time which are then left in the body for minutes, dry needling involves a single needle which is briefly inserted into the skin and then removed, and if necessary, inserted into a different area after being wiped with an alcohol swab.

299. Dry needling is considered by Medicare and most insurance carriers to be experimental and unproven, and no peer-reviewed clinical studies support its use.

300. As dry needling and trigger point injections typically treat the same conditions and represent alternative treatment options, even dry needling proponents recognize it would rarely be appropriate to perform dry needling at the same time as trigger point injections. Furthermore, dry needling insertions should be limited to the least number necessary. And before subjecting a patient to repeated administration of dry needling, there should be documentation indicating the patient benefited from earlier dry needling procedures.

c. Defendants’ Trigger Points and Dry Needling

301. At 1786 Flatbush, contrary to the practices described above, Parisien, Blackman, Pavlova, Dabiri, and Lacina subjected some patients to excessive numbers of trigger point injections, almost always combined trigger point injections with excessive dry needling insertions, and inadequately documented those procedures, thereby exposing patients to unnecessary risks. They failed to document patients’ responses to prior procedures or frequently failed to identify indications that additional procedures could benefit patients. They also failed to obtain informed consent from patients by failing to disclose the above-described risks. In short, these treatments were medically unnecessary and potentially harmful.

302. Although Parisien, Blackman, Dabiri, Pavlova, and Lacina treated different patients at different periods of time at 1786 Flatbush, they administered trigger point and dry needling injections in the same fashion. Further, they collectively recommended and performed trigger point injections and dry needling on over one-third of the State Farm Mutual and State Farm Fire Insureds treated at 1786 Flatbush. The procedures were often recommended during patients' initial examinations or during a follow-up examination early in the course of treatment. They would typically then be performed the same day they were recommended.

303. The recommendations and performance of trigger point injections and dry needling were documented in on forms that purport to reflect diagnoses supporting injections and dry needling (the "Injection/Needling Treatment Forms"). The Injection/Needling Treatment Forms recorded that most patients purportedly suffered from pain in two or more regions and that their pain was a 7 on a scale of 1 to 10. *See* Ex. 28.

304. Additionally, the Injection/Needling Treatment Forms contain preprinted checkboxes of various diagnosis codes, known as ICD-9 codes, along with brief descriptions of those codes. But, among other things, the Injection/Needling Treatment Forms contain erroneous descriptions of the diagnosis codes. For example, one of the frequently checked diagnoses on the Injection/Needling Treatment Forms at 1786 Flatbush is for ICD-9 code 724.4, which the forms describe as "Acute Traumatic Lumbosacral Radiculitis." *See id.* The actual description for ICD-9 code 724.4, however, is "Thoracic or lumbosacral neuritis or radiculitis, unspecified." Similarly, the Injection/Needling Treatment Forms used at 1786 Flatbush state that ICD-9 code 723.4, another diagnosis code frequently checked by Parisien, Blackman, Dabiri, Pavlova, and Lacina to support their claims for trigger point injections is "Post Traumatic Cervical-Thoracic Myofascitis," but the actual ICD-9 code description is "Brachial neuritis or

radiculitis,” a completely distinct diagnosis. In any event, none of these diagnoses would clinically warrant trigger point injections or dry needling as such procedures are intended to treat trigger points or taut bands of muscle fibers, not radiculopathy or pinched nerves. Regardless, the Injection/Treatment Forms routinely conclude: “The patient is advised to start on a course of Therapeutic Injections.”

305. While there are many different types of injections and the Injection/Needling Treatment Forms themselves provide checkboxes for five different injection options with space to identify other alternatives (e.g., nerve block injections, facet injections), Parisien, Blackman, Dabiri, Pavlova, and Lacina frequently select only trigger point injections. It is inconceivable that so many patients had identical findings and needed injections of any kind, and even more inconceivable that such a high proportion needed trigger point injections but none was considered or recommended for any other type of injection or procedure.

306. When performing these procedures, Parisien, Blackman, Dabiri, Pavlova, and Lacina also often billed for unusually high numbers of trigger point injections. *See* Ex. 7. On average, these Defendants billed State Farm Mutual and State Farm Fire for 12 or more different trigger point injections for each patient, with some patients allegedly receiving as many as 34 injections on a single visit. *See id.* Trigger point injections are often administered bilaterally without any indication patients required them on both sides of the body. *See id.*

307. Further, as described above, doctors should also typically allow sufficient time between each set of injections to (a) avoid rapid, repeated doses of corticosteroids; and (b) gauge if the injection is indeed giving long-lasting relief as opposed to short-term relief. But patients at 1786 Flatbush are often injected on multiple occasions with little to no documentation that they experienced **any** relief from a prior set of injections, let alone long-lasting relief.

308. Documentation of patient responses to injections is important for the licensed professionals involved in a patient's care, other licensed professionals who may treat the patient contemporaneously or subsequently, the patients themselves, and payers, and is particularly critical to decisions about whether to subject patients to the risks of subsequent procedures. But at 1786 Flatbush, often the only record of patient response to an injection procedure is a check box in the Injection/Needling Treatment Form indicating that the "[p]atient tolerated the procedure well." The patient is routinely reported to tolerate the procedure well without complications and no other report is made of the patients' response to the procedure. *See* Ex. 7. Thus, the Physician Defendants often fail completely to note the patients' self-reported pain levels, rendering it impossible to determine whether the injections are benefiting these patients. Finally, to the extent there is any record of patient responses to the injections, they indicate that most patients continue to have pain after the injections and are not experiencing relief. *See id.*

309. The risks of Defendants' injection procedures are exacerbated by the fact that the Physician Defendants do not sufficiently document the amount of corticosteroid provided to each patient. The Injection/Needling Treatment Forms contain what appears to be a preprinted, boilerplate notation that "each area/trigger point [is] injected with 0.5cc of 0.5% Marcaine via a 3cc syringe with a 1-1/2 x 25G sterile hypodermic needle." Yet many of the same Injection/Needling Treatment Forms also reflect that patients are injected with completely different types and/or doses of corticosteroid, such as 1% Lidocaine and 0.25% Marcaine. These inconsistencies make it impossible to determine the amount of drugs provided to patients. Clearly understanding and documenting the dose and frequency of administered medications is critical, particularly with potentially dangerous dose-related side effects like corticosteroids. Recording the medication dose is not only necessary for patient safety; it is also required to track

patient responses to prescribed treatment, make medically informed decisions about changes in medication selection or dosage, evaluate and address any adverse and potentially life-threatening reactions, and monitor the total amount of medication over time.

310. In some instances, trigger point injections are performed on patients at 1786 Flatbush in a manner that increases the risk of injury. For example, Blackman ordered an MRI to rule out a left knee torn ligament for a patient who presented with severe knee pain, yet proceeded to perform trigger point injections on her quadriceps. Numbing the quadriceps muscles around the knee made the knee even more unstable and increased the risk of injury.

311. Parisien, Blackman, Dabiri, Pavlova, and Lacina also subject many patients at 1786 Flatbush to dry needling procedures during the same treatment sessions in which they perform the trigger point injections.

312. These dry needling procedures are medically unnecessary and make no sense in light of the trigger point injections which are performed on the same date, for at least six reasons. *First*, it is questionable whether the experimental and unproven technique can provide any benefit. *Second*, even if it could, while dry needling and trigger point injections typically treat the same conditions and represent alternative treatment options supported by the same clinical rationales, dry needling is often performed at the same time and on the same muscles as the trigger points. *Third*, the Physician Defendants frequently administer more than 20 separate dry needling insertions during a single treatment session with several patients receiving as many as 60 separate dry needling insertions. It is inconceivable that any one patient would need so many dry needling insertions, and even more inconceivable that so many patients would need such a high number. *Fourth*, dry needling insertions are often made bilaterally without any indication they are required on both sides of the body. *Fifth*, dry needling is performed repeatedly on

patients over multiple visits without any indication that patients experienced any improvement from a prior procedure. *Sixth*, the records do not document the type or gauge of needles being used or how the procedure is performed other than to identify the muscles to which it is applied.

313. Further, unlike trigger point injections, which are a recognized therapeutic procedure and have a designated CPT Code, dry needling does not have a specific CPT Code for billing purposes. At 1786 Flatbush, dry needling is billed to State Farm Mutual and State Farm Fire using CPT Code 20999, the code for an “unlisted procedure, musculoskeletal system, general.” Unlike the CPT Code used for trigger point injections, which is limited to a single unit of CPT Code 20553 regardless of how many muscles are injected, there are no such limitations for CPT Code 20999. For example, patient J.H. purportedly received a staggering 60 dry needle insertions from Lacina on a single date of service, for which Lacina submitted charges to State Farm Fire totaling \$4,575, in addition to other charges submitted by him on that same day. *See* Ex. 29. Parisien, Blackman, Dabiri, and Pavlova perform dry needling on patients at 1786 Flatbush and subject patients to excessive insertions not because the procedures are medically necessary, but in order to submit multiple charges for inordinate amounts.

314. Similarly, Parisien, Blackman, Dabiri, Pavlova, and Lacina frequently inflate their charges for trigger point injections by representing they are performed using ultrasonic guidance, allowing them to submit a charge for CPT Code 76942. But needle placement for trigger point injections is a routine and fairly simple aspect of the procedure and it would be extremely unusual for ultrasonic guidance to be necessary to assist trigger point procedures. Nor do Defendants’ medical records document why such ultrasonic guidance was necessary. Moreover, even if there were a clinical need for ultrasonic guidance (which there is not), in order to bill

CPT Code 76942 one must prepare a separate written report which Defendants fail to create and/or submit.

7. Durable Medical Equipment and Orthotics

315. Patients treated at 1786 Flatbush are also prescribed and provided medically unnecessary Supplies, including DME and Orthotics, provided by the DME Defendants. At 1786 Flatbush, the Physician Defendants routinely prescribe a common laundry list of items, often include many items that could not possibly be needed by the many patients for whom such prescriptions are written, and prescribe the Supplies in a way that allows the DME Defendants to circumvent applicable fee-schedule limitations and inflate their charges. Medically unnecessary Supplies for patients of the Physician Defendants are then provided by the DME Defendants. These DME Defendants (i) purport to deliver to patients and bill for different and more expensive items than prescribed; (ii) fraudulently inflate charges for items for which there was no established charge under the applicable fee schedule; and (iii) at least in some instances, bill for items that are not provided at all.

a. Claims for Supplies under the No-Fault Laws

316. DME generally consists of items that can withstand repeated use and are primarily used for medical purposes by individuals in their homes. Orthotic devices generally consist of supports for the neck, back, and other body parts, such as cervical collars and lumbar supports (“LSOs”).

317. Since October 2004, the fee schedule applicable to New York No-Fault claims for DME and orthotic devices has provided, in pertinent part, that “the maximum permissible charge for the purchase of [DME], . . . and orthotic . . . appliances shall be the fee payable . . . under the New York State Medicaid program at the time such equipment and supplies are provided. . . [I]f the New York State Medicaid program has not established a fee payable for the specific item,

then the fee payable shall be the lesser of: (1) the acquisition cost (i.e., the line item costs from a manufacturer or wholesaler, net of any rebates, discounts, or other valuable consideration, mailing, shipping, handling, insurance costs, or any sales tax) to the provider plus 50%, or (2) the usual and customary price charged to the public.” 12 N.Y.C.R.R. § 442.2.

b. The Physician Defendants Prescribe Medically Unnecessary Supplies

318. The Physician Defendants and others routinely prescribed medically unnecessary Supplies.

319. Prescriptions are typically issued for two and sometimes three separate bundles of Supplies. A first bundle of Supplies (“Bundle A”) is prescribed at the initial visit and typically includes at least the following: (a) mattress; (b) heating pad; (c) bed board; (d) at least one and sometimes two cervical collars; (e) at least one and sometimes two LSOs; (f) a lumbar cushion and sometimes also a cervical pillow; and (g) other items. *See* Ex. 30. Often, only a few days later, a second bundle of Supplies (“Bundle B”) is prescribed and typically includes at least the following: (a) electrical muscle stimulation device (“EMS Unit”); (b) a whirlpool; (c) massager; and (d) other items. *See* Ex. 31. Beginning in around April 2014, patients were also prescribed, a few days after the second bundle, a third bundle of Supplies (“Bundle C”) that would typically include at least the following: (a) a pneumatic compressor; (b) a cervical traction unit with pump; and (c) other items. Bundle C is purportedly delivered to the 1786 Flatbush patients by Quality Custom. *See* Ex. 32.

320. As shown in the chart attached as Exhibit 8, the Physician Defendants routinely prescribe, on average, 12 or more Supplies, with some patients prescribed as many as 18 Supplies. It is inconceivable that so many patients would need so many articles of DME and

orthotics, would need precisely the same Supplies, and would need these identical Supplies at the same moment in their course of treatment.

321. In addition, the types and amount of orthotics ordered do not make sense particularly given the patient population of fully ambulatory individuals who have purportedly suffered relatively minor soft-tissue injuries and are being sent by their healthcare providers for, among other things, physical therapy, acupuncture, and chiropractic manipulations. Among the purposes of lower back supports, LSOs, cervical collars, and knee, wrist, elbow, and shoulder orthoses is to restrict and limit movement. Physicians typically prescribe such devices to restrict movement when a patient is in intense pain that is aggravated by movement or there is a concern about stability. Appropriate treatment for patients who are trying to heal and rehabilitate soft-tissue injuries, however, requires movement of the injured tissues, and even the Predetermined Treatment Protocol purports to include treatment for precisely that purpose, including physical therapy and chiropractic manipulations. Under such circumstances, it should be unnecessary, and in fact contraindicated, to provide restrictive orthotics for any region of the body, yet the Physician Defendants routinely prescribe orthotics for multiple regions. *See* Ex. 8.

322. Moreover, it does not make sense that many patients would be prescribed and provided two cervical collars, two LSOs, or two cushions. *See id.*

323. Prescriptions were also written in a way to conceal the true volume and nature of Supplies prescribed and provided. First, each bundle of Supplies was usually the result of not one but several separate prescription documents and submissions, sometimes written on the same day or only days apart. The typical Initial Examination Reports contain preprinted language stating that after the examination, “[t]he patient [was] advised to use at home” certain Supplies. The form contains a list of 22 possible Supplies that the Physician Defendants checked to

designate particular items prescribed. *See* Ex. 20 at 7 & 14. The standard Initial Examination Report does not contain an option for “other” or a blank for the physician to prescribe any Supplies not on the list. The Physician Defendants at 1786 Flatbush also used a form entitled Medical Supply Prescription, which contains a list of 25 items with check boxes. *See* Ex. 33. The use of multiple prescriptions, sometimes signed by different physicians and sometimes involving a separate prescription for each item on a single day, and spreading of submissions into bundles over time served to hide the significant volume, as well as the nature of the Supplies that were being prescribed and provided.

324. In addition, in some instances, the Physician Defendants purport to support the medical necessity of Supplies by signing letters of medical necessity. But these boilerplate letters use standard language to describe the purported need for and benefits of the Supplies. *See* Ex. 34. The documentation does not indicate that any patient was instructed in use of the Supplies, how any patient responded to the Supplies, or even whether any of the patients used the Supplies.

325. Finally, a series of DME companies were utilized to submit charges to State Farm Mutual and State Farm Fire at different periods of time. From April 2013 to approximately March 2014, Maiga submitted bills to State Farm Mutual and State Farm Fire for Bundle A and Bundle B. Thereafter, from March 2014 until April 2015, Madison submitted bills for Bundle A. Around the same time that Maiga ceased billing State Farm Mutual and State Farm Fire in March 2014, Defendants began to submit bills for Bundle C through Quality Custom. In April 2015, State Farm Mutual and State Farm Fire began receiving bills for Bundle A from PHCP and Quality Health. Ex. 8. In July 2016, Quality Health ceased billing State Farm Mutual and State Farm Fire for Supplies provided to patients at 1786 Flatbush. At the same time, State Farm

Mutual and State Farm Fire began receiving bills from AB Quality for the same Supplies previously provided by Quality Health, which were supported by nearly identical form documentation.

c. The DME Defendants Fraudulently Inflated Their Charges for Supplies

326. Each DME Defendant used the prescriptions written by the Physician Defendants to exploit the No-Fault Laws and charge inflated amounts for medically unnecessary Supplies.

d. Fraudulent Charges for Orthotics

327. The DME Defendants also routinely purported to provide and bill for more expensive orthotics to fill generic prescriptions, rather than more basic and less expensive items, without any support or documentation as to why the more expensive and elaborate orthotics were necessary to fill these prescriptions for basic orthotics.

328. Cervical collars are among the most common orthotic devices purportedly provided by the DME Defendants and prescribed by the Physician Defendants. They are worn around the neck to restrict movement and relieve muscle tension. Various types of cervical collars are available depending on the unique circumstances of each patient. During the relevant period, the applicable fee schedule established prices ranging from \$6.80 to \$357 for eight specific types of cervical collars, each of which is described by a particular HCPCS Code ranging from L0120 to L0174. Absent some express indication in a prescription form or other documentation that a more sophisticated cervical collar is necessary, prescriptions for a cervical collar should be filled with a flexible, non-adjustable foam cervical collar and billed under HCPCS Code L0120 at \$6.80 (a “basic cervical collar”). If a two-piece collar is prescribed, the prescription can be filled with several different devices including a semi-rigid thermoplastic, two-piece collar and billed under HCPCS Code L0172 for \$75.

329. The Physician Defendants prescribe cervical collars and remarkably, for some patients, Defendants prescribe two cervical collars — one typically designated as a “cervical collar (2ps)” and the other as “Advanced Cervical Collar.” The Physician Defendants typically prescribe the two collars in separate prescriptions and bill for them with separate submissions. The prescriptions provide no detail or explanation as to what type of two-piece collar should be provided or what is meant by an “Advanced” cervical collar. As a result, State Farm Mutual and State Farm Fire have not been provided with documentation indicating that anything more than a basic cervical collar was necessary for any given patient. Absent an indication to the contrary, the DME Defendants should have filled these prescriptions with a basic cervical collar under HCPCS Code L0120 and billed \$6.80, or at most provided a two-piece collar under Code L0172 and billed \$75.

330. Nevertheless, the DME Defendants routinely purported to provide and bill using HCPCS Code L0174 which is for a “cervical collar, semi-rigid thermoplastic foam, two-piece with thoracic extension” and using HCPCS Code L0190 which is for a “cervical multiple post collar.” Both collars are more sophisticated and expensive. It is extremely uncommon to use both L0174 and L0190, yet the DME Defendants routinely charged for both items. The DME Defendants billed State Farm Mutual and State Farm Fire between \$130 and \$362.34 for the L0174 and \$311.75 for the L0190.

331. LSOs are another common orthotic device purportedly provided by the DME Defendants. They are worn around the torso and extend below and above the waist to restrict movement and relieve muscle tension in the lower back. Various types of LSOs are available depending on the unique circumstances of each patient. During the relevant period, the applicable fee schedule established prices ranging from \$43 to \$1,150 for sixteen specific types

of LSOs, each of which is described by a particular HCPCS Code ranging from L0625 to L0640. Absent some express indication in a prescription form or other documentation that a more sophisticated LSO is necessary, prescriptions for a LSO should be filled with a flexible LSO and billed under HCPCS Code L0625 at \$43 (a “basic LSO”). The Physician Defendants routinely prescribe two LSOs for almost every patient — one typically designated simply “LSO” and the other as “LSO APL (Custom Fitted).” The Physician Defendants typically prescribe the two collars in separate prescriptions and the DME Defendants bill for them with separate submissions. Regardless of whether it was appropriate in some circumstances to prescribe and provide two LSOs, State Farm Mutual and State Farm Fire have not been provided with documentation indicating anything more than a basic LSO was necessary. Thus, the DME Defendants should have filled prescriptions with a basic LSO under HCPCS Code L0625 and billed \$43, or with a custom-fit LSO under HCPCS Code L0630 and billed \$127.26. Nevertheless, the DME Defendants each routinely purported to provide an LSO under HCPCS Code L0627 and bill \$322.64 and also “customized” LSO under HCPCS Code L0631 and bill \$806.64. Moreover, the use of the applicable HCPCS Code L0631 and/or the prescription from one of the Physician Defendants for a “custom fitted” LSO, indicated to State Farm Mutual and State Farm Fire that the device was in fact “customized to fit a specific patient by an individual with expertise.” But, even if the DME Defendants actually provided custom fitted LSOs, the charges would be fraudulent because: (a) the devices were not medically necessary; (b) the charges are substantially more than the amount to which the DME Defendants would have been entitled under the No-Fault Laws for the basic orthotics; and (c) it is unlikely that any custom fitted LSOs were medically necessary in that there is little, if any, indication in Defendants’

documentation that they performed any of the necessary fitting or adjustments for custom fittings or had the expertise to do so.

332. The DME Defendants also purported to provide knee orthotics to some patients. They are worn around the knee to restrict movement and relieve muscle tension. Various types of knee orthoses are available depending on the unique circumstances of each patient. During the relevant period, the applicable fee schedule established prices ranging from \$65 to \$1,107.70 for fifteen specified knee orthoses, each described by a particular HCPCS Code ranging from L1810 to L1860. Absent some express indication in a prescription form or other documentation that a more sophisticated knee orthosis is necessary, prescriptions for a knee orthosis should be filled with an elastic knee orthosis with joints and billed under HCPCS Code L1830 at \$65 (a “basic knee orthosis”). The Physician Defendants’ prescriptions typically say no more than “Knee Support” or “Knee Brace,” and State Farm Mutual and State Farm Fire have not been provided with documentation indicating that anything more than the most basic knee orthosis was necessary. Thus, the DME Defendants should have filled prescriptions with a basic knee orthosis under HCPCS Code L1830 and billed \$65. Nevertheless, the DME Defendants often purported to provide a knee orthosis with adjustable knee joints under Code L1832 for \$549.18 and for \$607.55.

333. The DME Defendants also purported to provide shoulder orthosis to some patients. These are worn around the shoulder to restrict movement and relieve muscle tension. Various types of shoulder orthoses are available depending on the unique circumstances of each patient. During the relevant period, the applicable fee schedule established prices ranging from \$40 to \$896.92 for seven specific types of shoulder orthoses, each of which is described by a particular HCPCS Code ranging from L3650 to L3677. Absent some express indication in a

prescription form or other documentation that a more sophisticated shoulder orthosis is necessary, prescriptions for a shoulder orthoses should be filled with a prefabricated, off-the-shelf shoulder orthosis under HCPCS Code L3650 or L3660 at \$40 (a “basic shoulder orthosis”). The Physician Defendants’ prescriptions typically say no more than “Shoulder Support,” and State Farm Mutual and State Farm Fire have not been provided with any documentation indicating that anything more than the most basic shoulder orthosis is necessary. Thus, Defendants should have filled prescriptions with a basic shoulder orthosis under L3650 or L3660 and billed \$40. Nevertheless, the DME Defendants purported to provide shoulder orthosis under HCPCS Code L3965 (which represents a mobile arm support designed to be attached to a wheelchair) for \$806.64. This HCPCS Code used was not even on the fee schedule at the time it was billed.

e. The DME Defendants Purported to Deliver and Bill for Other, Different and More Expensive Items than Were Prescribed

334. The DME Defendants also routinely provide other, different and more expensive DME than the items actually prescribed.

335. The Physician Defendants prescribe mattresses, which should be fulfilled by supplying foam pads that can be placed on top of a regular mattress and billing \$19.48 per foam pad using HCPCS Code E0199. The DME Defendants, however, routinely purport to provide and bill for dry pressure mattresses charging \$204.24 or \$306.26 under HCPCS Code E0184. HCPCS Code E0184 indicates the mattress is being used for a patient who is either completely immobile or has limited mobility, pressure ulcers and impaired nutritional status, incontinence, altered sensory perception, or compromised circulatory status.

336. Similarly, the Prescribing Physicians prescribe bed boards for which the DME Defendants provided different and substantially more expensive items. Bed boards are not on

the applicable fee schedule, but can be easily acquired for no more than \$35 from any legitimate DME wholesaler. Thus, even if a bed board was necessary and provided it would not be appropriate to charge more than \$52.50 (i.e., no more than 150% of the acquisition cost. *See infra* ¶ 338. Yet, the DME Defendants did not bill for providing bed boards but for over-the-bed tables — devices placed over a bed-ridden individual to allow that person to eat in bed — and billed \$101.75 or \$101.85 under HCPCS Code E0274.

337. Similarly, the Physician Defendants prescribe lumbar cushions and often also either cervical pillows or back-positioning cushions, without any support that patients need multiple support cushions. Regardless, the DME Defendants should have filled prescriptions for lumbar cushions and back-position cushions with cushions billed at \$22.04 under HCPCS Code E0190. The DME Defendants, however, purport to fill prescriptions for back-positioning cushions with a wheelchair back cushion under E2614 for \$491.77 and purport to fill prescriptions for lumbar cushions with a positioning car seat under HCPCS Code T5001 for \$513.75 (a device intended for use in a vehicle by persons with special orthotic needs such as muscular dystrophy or cerebral palsy that cannot be met by less costly alternatives). There is no justification for patients to be prescribed and provided multiple cushions and car seats. In addition, there is no documentation establishing that the patients for whom these expensive and unusual devices are purportedly provided are wheelchair bound or suffer from special orthotic conditions such that standard devices would be insufficient.

f. Fraudulent Charges for Items Not on Fee Schedule

338. The DME Defendants also purport to provide a number of items that are not on the applicable fee schedule, for which they fraudulently inflate their charges. Under the No-Fault Laws, if an item is not on the fee schedule, a DME provider may charge no more than the

lesser of 150% of its acquisition cost or its usual and customary charge to the public.
12 N.Y.C.R.R. § 442.2.

339. The DME Defendants routinely charge between \$699 and \$735.25 for an EMS Unit, \$408 for a whirlpool, and \$79.95 or \$179.95 for a massager. These submissions constitute representations that these amounts are the lesser of either 150% of their acquisition costs or their usual and customary charge to the public. But the DME Defendants' true costs to acquire these items are a small fraction of what these submissions represent and the DME Defendants' true acquisition costs do not support their charges under the fee schedule. In fact:

(a) EMS Units for which the DME Defendants routinely charge between \$699 and \$735.25 are typically available from many legitimate DME wholesalers for between \$30 to \$65, and therefore 150% of such acquisitions costs should have been no more than \$97.50.

(b) Whirlpool units for which the DME Defendants routinely charge \$408 are typically available from many legitimate DME wholesalers for about \$56, and therefore 150% of such acquisition costs should have been no more than \$84.

(c) Massager units for which the DME Defendants routinely charge \$79.95 or \$179.95 are typically available from many legitimate DME wholesalers for between \$25 to \$35, and therefore 150% of such acquisition costs should have been no more than \$52.50.

Thus, even if these Supplies were medically necessary (which they were not), appropriate charges for such Supplies should have been only a fraction of the charges the DME Defendants submitted for these items.

g. The DME Defendants' Documentation

340. The DME Defendants also do not provide any documentation as to their acquisition costs for those items that are not on the fee schedule. The documents the DME Defendants do submit omit basic information about the Supplies, like the manufacturer, make, model, size, features, and functions. This prevents State Farm Mutual and State Farm Fire from

determining the true kind and quality of the items provided, whether those specific items are medically necessary, and the appropriate charges for them.

341. When State Farm Mutual or State Farm Fire have asked for information regarding acquisition costs or usual and customary charges, the DME Defendants have refused to provide it, have claimed they do not keep such records, and have refused to attend requested EUOs at which they would be required to provide such information. For example, on many occasions State Farm Mutual and State Farm Fire have requested that certain DME Defendants attend examinations under oath and yet only Quality Custom has ever appeared for an EUO.

H. Defendants' Further Efforts to Advance the Fraudulent Scheme

342. Defendants are obligated legally and ethically to act honestly and with integrity. Nonetheless, Defendants submitted or caused to be submitted, bills and supporting documentation that are fraudulent in that they represent that services were performed and were medically necessary and reimbursable when, in fact, they were not.

343. The Physician Defendants, the Physical Therapy Defendants, the Chiropractor Defendants, and the Acupuncture Defendants submitted, or caused to be submitted bills, and supporting documentation to State Farm Mutual and State Farm Fire for the examinations, Tests, and treatment detailed above. These bills and supporting documentation are fraudulent because the services were not medically necessary and/or reimbursable, the pervasive patterns in these documents are not credible, and they do not reflect legitimate findings, diagnoses, testing, or treatment.

344. The DME Defendants have submitted or caused to be submitted bills and supporting documentation to State Farm Mutual and State Farm Fire for Supplies. These bills and supporting documentation are fraudulent because the Supplies were not medically necessary and the DME Defendants are not entitled to reimbursement as they purported to deliver to

patients and bill for different and more expensive items than were prescribed, exploited language in prescriptions to bill for more expensive items when less expensive items were all that were prescribed, billed for different items than were actually provided and fraudulently inflated charges for items for which there was no established charge under the applicable fee schedule.

345. Further, the success of Defendants' scheme depends on concealing the existence of the Predetermined Treatment Protocol from State Farm Mutual, State Farm Fire, and other insurers to induce insurers to pay Defendants' fraudulent charges. Defendants take affirmative steps to conceal the scheme by, among other things, submitting multiple bills for services purportedly rendered by the same providers on the same date of service. Defendants submit bills in this manner because they know that insurers like State Farm Mutual and State Farm Fire rely on the contents of each individual bill and related supporting documentation to make a payment determination.

346. To verify some of the claims that it had received, State Farm Mutual and State Farm Fire timely requested, on multiple occasions, EUOs from all Defendants. Most Defendants failed and refused to comply with their legal obligations to provide State Farm Mutual and State Farm Fire with the properly and timely requested EUOs, which constituted a breach of a condition of coverage under the State Farm Mutual and State Farm Fire insurance policies. Defendants also failed to appear for EUOs to continue to conceal the above-described fraudulent conduct from State Farm Mutual and State Farm Fire.

I. Oleg Rybak and the Rybak Law Firm's Role Enforcing Collections

347. Among the elements of the fraudulent scheme is for Defendants to bring lawsuits in state courts or arbitrations under the No-Fault Laws to seek reimbursement on claims that insurers have not paid. Almost all of the suits and arbitrations brought for providers operating at 1786 Flatbush are brought by Oleg Rybak and the Rybak Law Firm.

348. Less than two months after being admitted to practice law in New York, Oleg Rybak formed the Rybak Law Firm in June 2009. By the end of 2009, the Rybak Law Firm had filed over 2,200 civil lawsuits to collect No-Fault benefits on behalf of providers. Since 2009, the Rybak Law Firm has filed almost 90,000 lawsuits to collect No-Fault benefits on behalf of providers. Of those lawsuits, almost 50,000 were on behalf of providers who rendered services either at 1468 Flatbush or 1786 Flatbush. *See* Ex. 35. Bank records reflect that Defendants have paid the Rybak Law Firm over \$850,000 between 2011 and 2018.

349. Many of these proceedings involve insurers denying reimbursement because a provider failed to verify its claim by failing to appear for an EUO. Oleg Rybak and the Rybak Law Firm respond to these assertions through tactics intended to disguise the fraud scheme and the fraudulent nature of the claims and reap substantial profits.

350. Oleg Rybak and the Rybak Law Firm pursued these claims through thousands of individual separate suits in state court. Indeed as noted, between 2009 and 2018, the Rybak Law Firm filed almost 50,000 lawsuits on behalf of providers at 1468 Flatbush and 1786 Flatbush. Even after this action was filed, the Rybak Law Firm filed over 3,500 lawsuits on behalf of 1786 Flatbush providers. The multiplicity of proceedings served several purposes, including hiding connections between providers and claims, making it more difficult to discern that providers were under common control, increasing the difficulty for insurers and the courts to discern the fraudulent patterns in treatment that only became apparent when multiple claims were viewed together, and imposing litigation burdens and costs on insurers to increase the likelihood that they would not fight but settle the claims.

351. Oleg Rybak and the Rybak Law Firm also submitted false affidavits on behalf of providers who operated at 1468 Flatbush, 1786 Flatbush, and other locations associated with the

Rybaks,³ including on behalf of at least Maiga, Deng Acupuncture, Mollo, and Pavlova. In these boilerplate affidavits, the affiant asserts that they attempted to schedule an EUO by calling State Farm Mutual and State Farm Fire, but no one ever called back. *See* Ex. 36. State Farm Mutual and State Farm Fire have either no record and/or no awareness of any such calls. Moreover, it is inconceivable that so many different providers contacted so many different individuals at State Farm Mutual and State Farm Fire on so many occasions over so many years and not a single referenced phone call was returned. Almost all of these affidavits were notarized by Oleg Rybak. That they are boilerplate indicates that either he or members of the Rybak Law Firm prepared them.

352. Oleg Rybak took other actions to block insurers from taking EUOs through which they might uncover the scheme, the relationships among the participants and the fraudulent nature of the claims. Oleg Rybak and the Rybak Law Firm represent almost all of the providers operating at 1786 Flatbush, and represented many operating at 1468 Flatbush in responding to requests for EUOs by State Farm Mutual and State Farm Fire. Oleg Rybak and the Rybak Law Firm often oppose these requests with letters containing unsupported objections, and insisting that proposed dates are inconvenient without offering alternatives. Such letters are not intended to resolve disagreement or to cooperate with insurers' efforts to verify claims, but rather serve to thwart insurers' ability to take EUOs.

353. Similarly, Oleg Rybak and the Rybak Law Firm engage in litigation tactics intended to obtain the proceeds of the fraudulent claims and increase the burden on insurers. For

³ For example, affidavits were submitted on behalf of Chapa Products Corporation, which provided Supplies to patients at 552 East 180th Street, Bronx, New York. Denobrega affirmed in an affidavit that "Barbara" sent her to work at 552 East 180th Street, that Denobrega negotiated her compensation for this work with Barbara, and that the circumstances of Denobrega's employment at 552 East 180th Street were the same as at 1786 Flatbush. *See* Ex. 15.

example, Oleg Rybak and the Rybak Law Firm have served numerous complaints to collect benefits by mail under a rule that allows mail service only if the recipient acknowledges receipt. *See* N.Y. C.P.L.R. § 312-a. Oleg Rybak and the Rybak Law Firm mailed numerous complaints to State Farm Mutual and State Farm Fire and although the insurers never acknowledged receipt, Oleg Rybak and the Rybak Law Firm moved for default judgments, and in some instances pressed for such defaults despite objection, knowing that the practice was a violation of the rule. On other occasions, Oleg Rybak and the Rybak Law Firm filed and pursued lawsuits to collect on bills that had already been paid or that already had been adjudicated knowing that recovery was barred. Indeed, Oleg Rybak filed at least 27 lawsuits against another insurance carrier that did not issue insurance policies covering the accidents at issue, despite the facts that the courts, including an appellate court had ruled that the carrier was the wrong party. *See, e.g., Great Health Care Chiropractic, P.C. v. Omni Indem. Co.*, 977 N.Y.S. 2d 667 (N.Y. App. Div. 2013).

J. Justifiable Reliance by State Farm Mutual and State Farm Fire

354. State Farm Mutual and State Farm Fire are under statutory and contractual obligations to promptly and fairly process claims within 30 days. The bills and supporting documents that Defendants submitted, and caused to be submitted, to State Farm Mutual and State Farm Fire in support of the fraudulent charges at issue, combined with the material misrepresentations described above, were designed to and did cause State Farm Mutual and State Farm Fire to justifiably and reasonably rely on them.

355. As a result, State Farm Mutual and State Farm Fire have incurred damages of at least \$1 million.

356. Each bill and its supporting documentation, when viewed in isolation, does not reveal its fraudulent nature. Only when the bills and supporting documentation are viewed

together as a whole do the patterns emerge revealing the fraudulent nature of all the bills and supporting documentation.

V. CAUSES OF ACTION

**FIRST CLAIM FOR RELIEF
COMMON LAW FRAUD
(Against all Defendants)**

357. State Farm Mutual and State Farm Fire incorporate, adopt, and re-allege as though fully set forth herein, each and every allegation in Paragraphs 1 through 356 above.

358. Defendants, acting in concert and with a common purpose or plan, intentionally and knowingly made false and fraudulent statements of material fact to State Farm Mutual and State Farm Fire by submitting or causing to be submitted bills and supporting documentation that contained false representations of material fact concerning patients treated at 1786 Flatbush.

359. The false statements of material fact include the representations in each and every claim described in the charts attached hereto as Exhibits 1 through 8 that: (a) patients were legitimately examined and tested to determine the true nature and extent of their injuries, when they were not; (b) each patient's condition was related to an automobile accident and no other contributing factors, when these Defendants did not legitimately reach such conclusions; and (c) the services and Supplies were performed, provided, medically necessary, and/or reimbursable, when, in fact, they either were not provided, not medically necessary, and/or not reimbursable.

360. Defendants knew that the above-described misrepresentations made to State Farm Mutual and State Farm Fire relating to the purported examinations, treatment, testing, injections, and Supplies were false and fraudulent when they were made.

361. Defendants made the above-described misrepresentations and engaged in such conduct to induce State Farm Mutual and State Farm Fire into relying on the misrepresentations.

362. As a result of their justifiable reliance on Defendants' misrepresentations, State Farm Mutual and State Farm Fire have incurred damages of at least \$1 million.

WHEREFORE, State Farm Mutual and State Farm Fire demand judgment against Defendants for compensatory damages, costs, and other such relief as this Court deems equitable, just, and proper.

**SECOND CLAIM FOR RELIEF
AIDING AND ABETTING FRAUD
(Against All Defendants)**

363. State Farm Mutual and State Farm Fire incorporate, adopt, and re-allege as though fully set forth herein, each and every allegation in Paragraphs 1 through 356 above.

364. Defendants conspired, agreed to, and acted in concert to defraud State Farm Mutual and State Farm Fire, and did defraud State Farm Mutual and State Farm Fire, through the submission of false and fraudulent statements of material fact to State Farm Mutual and State Farm Fire as described above in the First Claim for Relief.

365. Defendants substantially assisted in defrauding State Farm Mutual and State Farm Fire. Defendants submitted or caused to be submitted bills and supporting documentation that contained false and fraudulent misrepresentations of material fact to State Farm Mutual and State Farm Fire.

366. The false and fraudulent statements of material fact include the representations in each and every claim described in the charts attached hereto as Exhibits 1 through 8 that: (a) patients were legitimately examined and tested to determine the true nature and extent of their injuries, when they were not; (b) each patient's condition was related to an automobile accident and no other contributing factors, when these Defendants did not legitimately reach such conclusions; and (c) the services and Supplies were performed, were provided, were medically

necessary and/or were reimbursable, when, in fact, they either were not provided, not medically necessary, and/or not reimbursable.

367. Defendants knew that the above-described misrepresentations made to State Farm Mutual and State Farm Fire relating to the purported examinations, treatment, testing, injections, and Supplies were false and fraudulent when they were made.

368. Defendants made the above-described misrepresentations and engaged in such conduct to induce State Farm Mutual and State Farm Fire into relying on the misrepresentations.

369. As a result of their justifiable reliance on Defendants' misrepresentations, State Farm Mutual and State Farm Fire have incurred damages of at least \$1 million.

WHEREFORE, State Farm Mutual and State Farm Fire demand judgment against Defendants for compensatory damages, costs, and other such relief as this Court deems equitable, just, and proper.

**THIRD CLAIM FOR RELIEF
RICO VIOLATION OF 18 U.S.C. § 1962(c)
(Against All Defendants)**

370. State Farm Mutual and State Farm Fire incorporate, adopt, and re-allege as though fully set forth herein, each and every allegation in Paragraphs 1 through 356 above.

371. Defendants constitute an association-in-fact "enterprise" ("the 1786 Flatbush Fraudulent Treatment Enterprise") as that term is defined in 18 U.S.C. § 1961(4), that engages in, and the activities of which affect, interstate commerce. The members of the 1786 Flatbush Fraudulent Treatment Enterprise are and have been joined in a common purpose, namely to defraud State Farm Mutual, State Farm Fire, and other insurance companies by submitting, and causing to be submitted, bills and supporting documentation that are fraudulent for services and Supplies that were not provided, were not medically necessary, and/or were not legitimately entitled to reimbursement for patients treated at 1786 Flatbush. Although different members

have performed different roles at different times, they have operated as a continuing unit with each member fulfilling a specific and necessary role to carry out and facilitate its common purpose — to defraud State Farm Mutual and State Farm Fire through fraudulent insurance claims — with sufficient longevity to accomplish that common purpose. Specifically, Parisien, Dabiri, Blackman, Pavlova, and Lacina purported to legitimately examine patients at 1786 Flatbush, diagnose them with conditions to support the alleged need of the Predetermined Treatment Protocol of services that they could perform, or that could be performed or provided by other members of the 1786 Flatbush Fraudulent Treatment Enterprise, and then ordered and performed additional injections and other services, which were billed by the Physician Defendants. Mollo, Mollo P.C., Island Life, ACH Chiropractic, and Energy Chiropractic purported to provide chiropractic care and tests and diagnosed patients with conditions requiring additional services that they could perform or that could be performed or provided by other members of the 1786 Flatbush Fraudulent Treatment Enterprise, and then ordered and performed additional services. Deng and Deng Acupuncture purported to provide acupuncture treatment based, in part, on diagnoses, findings and recommendations of other members of the 1786 Flatbush Fraudulent Treatment Enterprise, and diagnosed patients with conditions requiring additional services that they could perform or that could be performed or provided by other members of the 1786 Flatbush Fraudulent Treatment Enterprise. Masigla and Mariano purported to provide physical therapy and other services based on diagnoses, findings and recommendations of other members of the 1786 Flatbush Fraudulent Treatment Enterprise. The DME Defendants provided Supplies based on prescriptions written by Parisien, Dabiri, Blackman, Pavlova, and Lacina for patients at 1786 Flatbush. Tatiana Rybak secretly and unlawfully owned and controlled the professional corporations operating at 1786 Flatbush,

received kickbacks from providers of healthcare goods and services at 1786 Flatbush disguised as payments for services or rent, fraudulently billed for goods and services purportedly provided to patients at 1786 Flatbush that were not eligible for reimbursement and goods and services that were not medically necessary or not provided, and caused profits generated from these fraudulent bills to be covertly funneled to, or for the benefit of herself, Oleg Rybak, and other family members to conceal that they controlled and were the primary beneficiaries of these fraudulently obtained funds. Oleg Rybak participated in, facilitated, supported, furthered, and profited from this scheme by, among other things, controlling the medical practice of a physician at 1468 Flatbush, the direct predecessor to 1786 Flatbush; covertly funneling the proceeds of activity at 1468 Flatbush to or for the benefit of himself, Tatiana Rybak, and other family members; exercising sufficient ownership and control over the activities and professional service corporations operating at 1786 Flatbush such that two employees who worked there asserted the Fifth Amendment in response to questions about his ownership and control; forming the DME Defendants with foreign-national nominee owners who may reside outside the United States and arranging to have their mail forwarded to his law office; exercising control over the physical space in which the clinic at 1786 Flatbush operated through a lease that on paper was with one of his family members; representing individuals who treated at 1786 Flatbush and who were in staged accidents to recover No-Fault Benefits and pursue claims and lawsuits for bodily injuries arising out of automobile accidents; covertly funneling the proceeds of activity at 1786 Flatbush and the professional service corporations that operated there to or for the benefit of himself, Tatiana Rybak, and other family members; and bringing thousands of claims and suits against insurers to recover payment for services provided to patients of 1786 Flatbush and supporting suits with fraudulent affidavits and employing other tactics intended to disguise the scheme and

the fraudulent nature of the claims, and to reap substantial profits. Each Defendant's participation and role was necessary to the success of the scheme. No one Defendant was capable of carrying out the scheme without the participation of the other Defendants. The 1786 Flatbush Defendants have acted with sufficient longevity to achieve their common goal of defrauding State Farm Mutual and State Farm Fire through fraudulent insurance claims.

372. Each Defendant is or has been employed by and associated with the 1786 Flatbush Fraudulent Treatment Enterprise.

373. Defendants have knowingly conducted and/or participated, directly or indirectly, in the conduct of the 1786 Flatbush Fraudulent Treatment Enterprise's affairs through a pattern of racketeering activity consisting of repeated violations of the federal mail fraud statute, 18 U.S.C. § 1341, based upon the use of United States mails to submit to State Farm Mutual and State Farm Fire bills and supporting documentation that are fraudulent in that: (a) patients were not legitimately examined and tested to determine the true nature and extent of their injuries; (b) each patient's condition was represented to be related to an automobile accident and no other contributing factors, when Defendants did not legitimately reach such conclusions; and (c) the examinations, diagnoses, treatment, testing and Supplies which were medically unnecessary, not provided, and/or not reimbursable, including but not limited to, all bills and supporting documentation submitted to State Farm Mutual or State Farm Fire for claims referenced in Exhibits 1 through 8.

374. State Farm Mutual and State Farm Fire have been injured in their business and property by reason of Defendants' above-described conduct in that they collectively have paid more than \$1 million based upon the fraudulent charges.

WHEREFORE, State Farm Mutual and State Farm Fire demand judgment against Defendants for violations of 18 U.S.C. § 1962(c) for compensatory damages, together with treble damages, costs and reasonable attorneys' fees pursuant to 18 U.S.C. §1964(c), plus interest, and any other relief the Court deems just and proper.

**FOURTH CLAIM FOR RELIEF
RICO CONSPIRACY VIOLATION OF 18 U.S.C. § 1962(d)
(Against All Defendants)**

375. State Farm Mutual and State Farm Fire incorporate, adopt, and re-allege as though fully set forth herein, each and every allegation in Paragraphs 1 through 356 and Paragraphs 371 through 374 above.

376. Defendants have knowingly agreed and conspired to conduct and/or participate, directly or indirectly, in the conduct of the 1786 Flatbush Fraudulent Treatment Enterprise's affairs through a pattern of racketeering activity consisting of repeated violations of the federal mail fraud statute, 18 U.S.C. § 1341, based upon the use of the United States mail to submit to State Farm Mutual, State Farm Fire, and other insurers bills and supporting documentation that are fraudulent for examinations, treatments, testing, injections, and Supplies which were medically unnecessary, not provided, and/or not reimbursable, including, but not limited to, all bills and supporting documentation submitted to State Farm Mutual or State Farm Fire for claims referenced in Exhibits 1 through 8.

377. Each of the Defendants knew of, agreed to, and acted in furtherance of the common and overall objective of the conspiracy by facilitating the submission of bills and supporting documentation that are fraudulent for examinations, diagnoses, treatments, testing, and Supplies, which were medically unnecessary, not provided, and/or not reimbursable, to State Farm Mutual, State Farm Fire, and other insurers.

378. State Farm Mutual and State Farm Fire have been injured in their business and property by reason of Defendants' above-described conduct in that they collectively have paid more than \$1 million based upon the fraudulent charges.

WHEREFORE, State Farm Mutual and State Farm Fire demand judgment against Defendants for violations of 18 U.S.C. § 1962(d) for compensatory damages, together with treble damages, costs, and reasonable attorneys' fees pursuant to 18 U.S.C. § 1964(c), plus interest, and any other relief the Court deems just and proper.

**FIFTH CLAIM FOR RELIEF
UNJUST ENRICHMENT
(Against All Defendants)**

379. State Farm Mutual and State Farm Fire incorporate, adopt, and re-allege as though fully set forth herein, each and every allegation in Paragraphs 1 through 356 above.

380. State Farm Mutual and State Farm Fire conferred a benefit upon the Defendants by paying Defendants' claims for services purportedly provided to patients treated at 1786 Flatbush and these Defendants voluntarily accepted and retained the benefit of those payments.

381. Because the Defendants knowingly billed for or received money for services that were not medically necessary, not provided, and/or not reimbursable, the circumstances are such that it would be inequitable to allow them to retain the benefit of the monies paid.

382. As a direct and proximate result of the above-described conduct of Defendants, State Farm Mutual and State Farm Fire have been damaged and Defendants have been enriched by more than \$1 million.

WHEREFORE, State Farm Mutual and State Farm Fire demand judgment against the Defendants for compensatory damages, plus interest and costs, and for such other relief as the Court deems equitable, just, and proper.

**SIXTH CLAIM FOR RELIEF
DECLARATORY JUDGMENT
(Against All Provider Defendants)**

383. State Farm Mutual and State Farm Fire incorporate, adopt, and re-allege as though fully set forth herein, each and every allegation in Paragraphs 1 through 356 above.

384. This is an action for declaratory relief pursuant to 28 U.S.C. § 2201.

385. There is an actual case and controversy between State Farm Mutual and State Farm Fire, on the one hand, and Parisien, Dabiri, Blackman, Pavlova, Lacina, Allay, FJL Medical, JFL Medical, JPF Medical, KP Medical, PFJ Medical, RA Medical, Mollo, Mollo P.C., ACH Chiropractic, Energy Chiropractic, Island Life, Deng, Deng Acupuncture, Mariano, MSB, Masigla, Maiga, Madison, Quality Health, Quality Custom, AB Quality, and PHCP on the other hand, as to all charges for examinations, treatments, testing, injections, and Supplies that have not been paid to date and through the pendency of this litigation. State Farm Mutual and State Farm Fire contend these Defendants are not entitled to reimbursement for any of these charges.

386. Because these Defendants have made false and fraudulent statements and otherwise engaged in the above-described fraudulent conduct with the intent to conceal and misrepresent material facts and circumstances regarding each claim submitted to State Farm Mutual and State Farm Fire, these Defendants are not entitled to any coverage for No-Fault Benefits for any of the claims at issue.

WHEREFORE, State Farm Mutual and State Farm Fire respectfully request a judgment declaring that Parisien, Dabiri, Blackman, Pavlova, Lacina, Allay, FJL Medical, JFL Medical, JPF Medical, KP Medical, PFJ Medical, RA Medical, Mollo, Mollo P.C., ACH Chiropractic, Energy Chiropractic, Island Life, Deng, Deng Acupuncture, Mariano, MSB, Masigla, Maiga, Madison, Quality Health, Quality Custom, Buslon, AB Quality, and PHCP are not entitled to collect No-Fault Benefits for all charges for examinations, treatments, testing, injections, and

Supplies that have not been paid to date and through the pendency of this litigation; and for supplementary relief, attorneys' fees, interest, and costs as this Court deems equitable, just and proper.

**SEVENTH CLAIM FOR RELIEF
DECLARATORY JUDGMENT BASED ON FAILURE TO APPEAR FOR
EXAMINATIONS UNDER OATH
(Against All Provider Defendants)**

387. State Farm Mutual and State Farm Fire incorporate, adopt, and re-allege as though fully set forth herein, each and every allegation in Paragraphs 1 through 356 above.

388. This is an action for declaratory relief pursuant to 28 U.S.C. § 2201.

389. There is an actual case and controversy between State Farm Mutual and State Farm Fire, on the one hand, and Parisien, Dabiri, Blackman, Pavlova, Lacina, Allay, FJL Medical, JFL Medical, JPF Medical, KP Medical, PFJ Medical, RA Medical, Mollo, Mollo P.C., ACH Chiropractic, Energy Chiropractic, Island Life, Deng, Deng Acupuncture, Mariano, MSB, Masigla, Maiga, Madison, Quality Health, Quality Custom, AB Quality and PHCP, on the other hand, as to all charges that have not been paid to date and through the pendency of this litigation as a result of these Defendants' failure to appear for properly and timely requested EUOs.

390. The failure of these Defendants to appear for properly and timely requested EUOs constitutes a breach of a condition of coverage under the State Farm Mutual and State Farm Fire insurance policies.

391. Accordingly, State Farm Mutual and State Farm Fire contend the Defendants listed above are not entitled to reimbursement for any of these charges.

WHEREFORE, State Farm Mutual and State Farm Fire respectfully request a judgment declaring that Parisien, Dabiri, Blackman, Pavlova, Lacina, Allay, FJL Medical, JFL Medical, JPF Medical, KP Medical, PFJ Medical, RA Medical, Mollo, Mollo P.C., ACH Chiropractic, Energy

Chiropractic, Island Life, Deng, Deng Acupuncture, Mariano, MSB, Masigla, Maiga, Madison, Quality Health, Quality Custom, Buslon, AB Quality, and PHCP are not entitled to collect No-Fault Benefits for charges that have not been paid to date and through the pendency of this litigation for failure to appear for properly and timely requested EUOs; and for supplementary relief, attorneys' fees, interest, and costs as this Court deems equitable, just and proper.

JURY DEMAND

Pursuant to Federal Rule of Civil Procedure 38(b), State Farm Mutual and State Farm Fire demand a trial by jury.

Dated: July 29, 2019
Chicago, Illinois

KATTEN MUCHIN ROSENMAN LLP

By: /s/ Jonathan L. Marks

Ross O. Silverman (NY Bar No. 4147922)
Jonathan L. Marks (NY Bar No. 5462874)
Anne Raven (Admitted *pro hac vice*)
KATTEN MUCHIN ROSENMAN LLP
525 West Monroe Street
Chicago, Illinois 60661-3693
Telephone: 312.902.5200
Facsimile: 312.902.1061
ross.silverman@kattenlaw.com
jonathan.marks@kattenlaw.com
anne.raven@kattenlaw.com

Christopher T. Cook
KATTEN MUCHIN ROSENMAN LLP
575 Madison Avenue
New York, NY 10022-2585
Telephone: 212.940.8800
christopher.cook@kattenlaw.com

*Attorneys for Plaintiffs State Farm Mutual
Automobile Insurance Company and State
Farm Fire and Casualty Company*

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK**

State Farm Mutual Automobile Insurance Company
and State Farm Fire and Casualty Company,

Plaintiffs,

v.

Francois Jules Parisien, M.D., et al.

Case No. 1:18-cv-00289-ILG-ST

Defendants.

INDEX OF EXHIBITS TO SECOND AMENDED COMPLAINT

Exhibit No.	Description
1	Patient Treatment Summary Appendix
2	Patient Initial M.D. Evaluation Treatment Summary Appendix
3	PT Treatment Summary Appendix
4	Chiro Treatment Summary Appendix
5	Patient Acupuncture Evaluation Appendix
6	Patient NCV/EMG Evaluation Appendix
7	Trigger Point Injections Appendix
8	DME and Supplies Appendix
9	“Dr. Ksenia Pavlova M.D.” Sample Bills
10	NY vs. T. Rybuk October 27, 1999 Plea
11	Summary of Checks Written By Entities Operating at 1468 Flatbush
12	FL Division of Corporations MOR Properties, Inc. Filing Information Summary
13	Oceania V Deeds
14	Anti-Aging Spa Check Written to “Klara Pantin” Dated June 22, 2009
15	Renee Denobrega Affidavit Dated May 22, 2018
16	Sample DME Defendants’ Delivery Receipts
17	Precision Medical Supply Invoices and Payments Chart
18	Summary of Checks Written By Entities Operating at 1786 Flatbush
19	Checks Written by Defendants to “Cash” Deposited into Les Levine Accounts
20	Sample M.D. Initial Evaluation Reports
21	Sample M.D. Follow Up Reports
22	Sample Chiro Daily Notes
23	Sample Chiro Re-Evaluation
24	Sample Acupuncture Initial Exam Reports
25	AANEM Policy with SSEP Report
26	Chiro Initial Evaluations
27	V-sNCT Testing
28	Trigger Point treatment form
29	J.H. Bill
30	DME Bundle A

Exhibit No.	Description
31	DME Bundle B
32	DME Bundle C
33	Sample DME Prescription form
34	Sample Letters of Medical Necessity
35	Rybak Lawsuit Summary
36	Rybak Affidavits

Exhibit 1

Exhibit 1 - 1786 Flatbush Treatment Summary

[illegible]

Exhibit 1 - 1786 Flatbush Treatment Summary

RICO NO.	Claim No.	Date of Loss	Date of Birth	State Farm Fire/Auto	1st DOS	Age	Patient Treatment Modalities				Patient Testing				V-SNCT	BEP	SSEP	Dry Needling	Trigger Point	DMIE	Date of Mailing
							Chiropractic	Chiro 3-4	Physical Therapy	Acupuncture	Muscle Testing	ROM	Functional Capacity	NCV/EMG							
53	3340262333	4/1/2014	7/25/1986	STATE FARM MUTUAL	4/9/2014	28	X		X		X	X	X		X		X			X	5/5/2014
64	5233402333	7/9/2014	6/16/1992	STATE FARM FIRE	4/9/2014	22	X	X				X	X		X		X			X	5/14/2015
65	524F22910	4/9/2014	9/22/1987	STATE FARM FIRE	4/10/2014	27	X		X		X	X	X		X		X			X	5/5/2014
66	524F22910	4/9/2014	12/5/1989	STATE FARM FIRE	4/10/2014	24	X	X			X	X	X		X		X	X	X	X	5/5/2014
67	524F22910	4/9/2014	9/22/1986	STATE FARM FIRE	4/10/2014	28	X	X			X	X	X		X		X			X	5/6/2014
68	524F22910	4/9/2014	1/9/1987	STATE FARM FIRE	4/10/2014	27	X	X			X	X	X		X		X			X	5/6/2014
69	524F26382	4/14/2014	4/21/1990	STATE FARM MUTUAL	4/28/2014	24	X	X			X	X	X		X		X	X	X	X	5/15/2014
70	524F26382	4/14/2014	2/10/1988	STATE FARM MUTUAL	4/29/2014	26	X	X			X	X	X		X		X			X	5/15/2014
71	32447X112	4/25/2014	9/29/1963	STATE FARM MUTUAL	5/16/2014	51	X	X			X	X	X		X		X			X	6/7/2014
72	32447X112	4/25/2014	10/1/1962	STATE FARM MUTUAL	5/19/2014	52	X	X			X	X	X		X		X			X	6/7/2014
73	32461R179	5/6/2014	9/7/1976	STATE FARM FIRE	5/21/2014	38	X	X			X	X	X		X		X	X	X	X	6/12/2014
74	38465M081	5/20/2014	10/8/1973	STATE FARM FIRE	5/28/2014	41	X	X			X	X	X		X		X			X	6/16/2014
75	38465M081	5/20/2014	2/10/1993	STATE FARM FIRE	5/29/2014	21	X	X			X	X	X		X		X			X	6/23/2014
76	38465M081	5/20/2014	1/15/1990	STATE FARM FIRE	6/2/2014	24	X	X			X	X	X		X		X	X	X	X	6/24/2014
77	524M33414	6/2/2014	6/16/1992	STATE FARM MUTUAL	6/9/2014	22	X	X			X	X	X		X		X			X	7/1/2014
78	524M33414	6/2/2014	2/15/1992	STATE FARM MUTUAL	6/9/2014	22	X	X			X	X	X		X		X	X	X	X	6/23/2014
79	524M33414	6/2/2014	2/6/1992	STATE FARM MUTUAL	6/9/2014	22	X	X			X	X	X		X		X			X	6/27/2014
80	524M33414	6/2/2014	3/23/1988	STATE FARM MUTUAL	6/9/2014	26	X	X			X	X	X		X		X	X	X	X	6/24/2014
81	324K80658	5/19/2014	12/6/1957	STATE FARM MUTUAL	6/9/2014	57	X	X			X	X	X		X		X			X	7/9/2014
82	52471W735	6/6/2014	4/19/1978	STATE FARM MUTUAL	6/13/2014	36	X	X			X	X	X		X		X			X	7/18/2014
83	32674F018	6/3/2015	4/28/1994	STATE FARM MUTUAL	7/3/2014	20	X	X			X	X	X		X		X	X	X	X	8/3/2015
84	5233402333	7/9/2014	2/13/1994	STATE FARM FIRE	7/9/2014	20	X	X			X	X	X		X		X			X	7/21/2014
85	5233402333	7/9/2014	9/11/1994	STATE FARM FIRE	7/9/2014	21	X	X			X	X	X		X		X			X	7/21/2014
86	5233402333	7/9/2014	8/27/1990	STATE FARM FIRE	7/9/2014	24	X	X			X	X	X		X		X			X	7/21/2014
87	524940799	7/16/2014	11/24/1989	STATE FARM FIRE	7/17/2014	25	X	X			X	X	X		X		X			X	8/25/2014
88	324R32658	7/15/2014	10/23/1980	STATE FARM FIRE	7/18/2014	34	X	X			X	X	X		X		X	X	X	X	7/28/2014
89	524940799	7/16/2014	5/19/1982	STATE FARM FIRE	7/18/2014	32	X	X			X	X	X		X		X			X	8/5/2014
90	524940799	7/16/2014	6/6/1988	STATE FARM FIRE	7/22/2014	26	X	X			X	X	X		X		X			X	8/4/2014
91	324965216	7/10/2014	6/14/1995	STATE FARM MUTUAL	7/25/2014	19	X	X			X	X	X		X		X			X	8/12/2014
92	304559176	7/26/2014	1/28/1988	0087	8/6/2014	27	X	X			X	X	X		X		X			X	8/19/2014
93	324159622	8/5/2014	7/29/1949	STATE FARM MUTUAL	8/12/2014	65	X	X			X	X	X		X		X			X	8/22/2014
94	324A98507	8/18/2014	7/16/1990	STATE FARM FIRE	8/20/2014	24	X	X			X	X	X		X		X			X	9/15/2014
95	324A98507	8/18/2014	12/21/1994	STATE FARM FIRE	8/20/2014	20	X	X			X	X	X		X		X	X	X	X	9/15/2014
96	5251RQ081	8/24/2014	2/15/1994	STATE FARM MUTUAL	8/25/2014	21	X	X			X	X	X		X		X			X	9/29/2014
97	5251RQ081	8/24/2014	5/3/1988	STATE FARM MUTUAL	8/25/2014	26	X	X			X	X	X		X		X			X	9/29/2014
98	5251RQ081	8/24/2014	11/11/1994	STATE FARM MUTUAL	8/25/2014	20	X	X			X	X	X		X		X			X	9/29/2014
99	5251RQ081	8/24/2014	9/27/1954	STATE FARM MUTUAL	8/26/2014	60	X	X			X	X	X		X		X	X	X	X	9/29/2014
100	325168592	8/24/2014	12/31/1988	STATE FARM FIRE	8/27/2014	26	X	X			X	X	X		X		X	X	X	X	9/12/2014
101	325168592	8/24/2014	5/20/1968	STATE FARM FIRE	8/27/2014	46	X	X			X	X	X		X		X			X	9/12/2014
102	525802180	9/11/2014	11/25/1984	STATE FARM FIRE	9/16/2014	30	X	X			X	X	X		X		X			X	9/30/2014
103	525802180	9/11/2014	9/10/1986	STATE FARM FIRE	9/17/2014	28	X	X			X	X	X		X		X			X	9/30/2014
104	525802180	9/11/2014	12/9/1994	STATE FARM FIRE	9/18/2014	20	X	X			X	X	X		X		X			X	10/3/2014
105	525321845	9/20/2014	7/30/1994	STATE FARM MUTUAL	9/22/2014	20	X	X			X	X	X		X		X			X	10/10/2014
106	525321845	9/20/2014	8/27/1995	STATE FARM MUTUAL	9/23/2014	19	X	X			X	X	X		X		X			X	10/9/2014
107	525321845	9/20/2014	1/27/1993	STATE FARM MUTUAL	9/22/2014	22	X	X			X	X	X		X		X			X	10/10/2014
108	525321845	9/20/2014	4/9/1992	STATE FARM MUTUAL	9/22/2014	22	X	X			X	X	X		X		X			X	10/9/2014
109	525C25767	9/23/2014	6/26/1994	STATE FARM MUTUAL	9/24/2014	20	X	X			X	X	X		X		X	X	X	X	10/9/2014
110	525C25767	9/23/2014	12/2/1993	STATE FARM MUTUAL	9/24/2014	21	X	X			X	X	X		X		X			X	10/9/2014
111	525C25767	9/23/2014	11/5/1995	STATE FARM MUTUAL	9/24/2014	19	X	X			X	X	X		X		X			X	10/10/2014
112	525C25767	9/23/2014	11/4/1993	STATE FARM MUTUAL	9/24/2014	21	X	X			X	X	X		X		X			X	10/9/2014
113	32536X146	9/23/2014	10/7/1994	STATE FARM MUTUAL	9/29/2014	20	X	X			X	X	X		X		X			X	10/23/2014
114	594276806	9/13/2014	12/24/1974	STATE FARM MUTUAL	9/30/2014	40	X	X			X	X	X		X		X			X	10/31/2014
115	07550R951	11/1/2014	4/11/1986	STATE FARM FIRE	11/5/2014	29	X	X			X	X	X		X		X			X	12/19/2014
116	07550R951	11/1/2014	6/3/1991	STATE FARM FIRE	11/7/2014	23	X	X			X	X	X		X		X			X	11/24/2014
117	07550R951	11/1/2014	6/3/1993	STATE FARM FIRE	11/7/2014	21	X	X			X	X	X		X		X			X	11/24/2014
118	32565X607	12/1/2014	2/12/1964	STATE FARM MUTUAL	12/3/2014	51	X	X			X	X	X		X		X			X	1/2/2015
119	325M36444	11/16/2014	1/5/1968	STATE FARM FIRE	12/11/2014	47	X	X			X	X	X		X		X			X	1/2/2015
120	52573V785	12/15/2014	6/24/1991	STATE FARM MUTUAL	12/15/2014	23	X	X			X	X	X		X		X			X	1/29/2015
121	52573V785	12/15/2014	12/17/1992	STATE FARM MUTUAL	12/16/2014	22	X	X			X	X	X		X		X			X	1/2/2015
122	52573V785	12/15/2014	5/17/1982	STATE FARM MUTUAL	12/16/2014	33	X	X			X	X	X		X		X	X	X	X	1/2/2015
123	52573V785	12/15/2014	1/30/1993	STATE FARM MUTUAL	12/16/2014	22	X	X			X	X	X		X		X			X	1/2/2015
124	327M08812	11/6/2015	8/16/1995	STATE FARM FIRE	1/4/2015	19	X	X			X	X	X		X		X	X	X	X	1/25/2016

Exhibit 1 - 1786 Flatbush Treatment Summary

RICO		Patient Treatment Modalities										Patient Testing										Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient Testing		Patient	
------	--	------------------------------	--	--	--	--	--	--	--	--	--	-----------------	--	--	--	--	--	--	--	--	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	-----------------	--	---------	--

Exhibit 1 - 1786 Flatbush Treatment Summary

RICO			Patient Treatment Modalities										Patient Testing									
INB	Claim No.	Date of Loss	Date of Birth	State Farm Fire/Auto	1stDOS	Age	Chiropractic	Chiro 3-4	Physical Therapy	Acupuncture	Muscle Testing	ROM	Functional Capacity	NCV/EMG	SSEP	BEP	V-sNCT	Dry Needling	Trigger Point	DME	Date of Mailing	
187	327661550	11/14/2015	10/7/1993	STATE FARM FIRE	11/18/2015	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	11/30/2015
188	527995653	11/27/2015	5/31/1991	STATE FARM MUTUAL	11/27/2015	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12/17/2015
189	327971015	12/15/2015	1/6/1993	STATE FARM FIRE	12/15/2015	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1/11/2016
190	327971015	12/15/2015	9/18/1996	STATE FARM FIRE	12/16/2015	19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1/25/2016
191	327971015	12/15/2015	2/15/1973	STATE FARM FIRE	12/17/2015	43	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12/29/2015
192	327161984	1/5/2016	10/20/1994	STATE FARM MUTUAL	1/7/2016	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1/15/2016
193	327161984	1/5/2016	5/17/1994	STATE FARM MUTUAL	1/7/2016	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1/25/2016
194	327971153	1/7/2016	5/14/1997	STATE FARM MUTUAL	1/8/2016	19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1/25/2016
195	327971153	1/7/2016	6/27/1996	STATE FARM MUTUAL	1/8/2016	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1/25/2016
196	327971153	1/7/2016	11/28/1992	STATE FARM MUTUAL	1/8/2016	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1/25/2016
197	327971153	1/7/2016	11/21/1997	STATE FARM MUTUAL	1/8/2016	18	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1/28/2016
198	327907434	12/31/2015	12/24/1979	STATE FARM FIRE	1/19/2016	36	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2/1/2016
199	5279057472	1/17/2016	9/15/1993	STATE FARM MUTUAL	1/22/2016	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2/1/2016
200	5279057472	1/17/2016	12/22/1995	STATE FARM MUTUAL	1/22/2016	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2/1/2016
201	5279057472	1/17/2016	8/24/1988	STATE FARM MUTUAL	1/22/2016	27	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2/8/2016
202	320553880	12/31/2016	7/14/1996	STATE FARM FIRE	1/23/2016	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2/6/2017
203	327903650	1/20/2016	4/26/1993	STATE FARM FIRE	1/25/2016	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2/16/2016
204	327907434	12/31/2015	11/12/2002	STATE FARM FIRE	1/26/2016	13	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2/19/2016
205	327903650	1/20/2016	4/28/1994	STATE FARM FIRE	1/26/2016	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2/26/2016
206	52820P841	2/21/2016	1/11/1996	STATE FARM MUTUAL	2/22/2016	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3/14/2016
207	52820P841	2/21/2016	11/17/1993	STATE FARM MUTUAL	2/22/2016	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3/4/2016
208	52820P841	2/21/2016	3/26/1996	STATE FARM MUTUAL	2/22/2016	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3/4/2016
209	52820P841	2/21/2016	6/6/1994	STATE FARM MUTUAL	2/22/2016	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3/4/2016
210	328091488	3/5/2016	7/9/1997	STATE FARM FIRE	3/7/2016	19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/1/2016
211	328091488	3/5/2016	7/11/1980	STATE FARM FIRE	3/7/2016	36	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3/25/2016
212	328091488	3/5/2016	7/5/1991	STATE FARM FIRE	3/7/2016	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/4/2016
213	328091488	3/5/2016	1/8/1969	STATE FARM FIRE	3/8/2016	47	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/25/2016
214	328687379	3/13/2016	12/16/1991	STATE FARM FIRE	3/15/2016	24	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/25/2016
215	328687379	3/13/2016	10/19/1993	STATE FARM FIRE	3/15/2016	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/12/2016
216	328687379	3/13/2016	9/24/1992	STATE FARM FIRE	3/21/2016	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/11/2016
217	328687379	3/13/2016	7/19/1993	STATE FARM FIRE	3/21/2016	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/25/2016
218	32836H851	3/19/2016	4/21/1991	STATE FARM FIRE	3/21/2016	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/12/2016
219	32836H851	3/19/2016	3/19/1997	STATE FARM FIRE	3/21/2016	19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/18/2016
220	32836H851	3/19/2016	7/31/1965	STATE FARM FIRE	3/23/2016	51	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/28/2016
221	52845K271	3/28/2016	10/29/1985	STATE FARM MUTUAL	3/29/2016	30	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/15/2016
222	52845K271	3/28/2016	12/8/1993	STATE FARM MUTUAL	3/29/2016	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/19/2016
223	52845K271	3/28/2016	5/9/1997	STATE FARM MUTUAL	3/31/2016	19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/15/2016
224	52845K271	3/28/2016	7/6/1993	STATE FARM MUTUAL	4/1/2016	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/19/2016
225	328832H708	3/29/2016	7/22/1965	STATE FARM MUTUAL	4/4/2016	51	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5/2/2016
226	328832H708	3/29/2016	1/3/1993	STATE FARM FIRE	4/7/2016	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/25/2016
227	32853K585	4/13/2016	6/25/1983	STATE FARM FIRE	4/14/2016	33	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/25/2016
228	32853K585	4/13/2016	9/3/1982	STATE FARM FIRE	4/14/2016	34	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/26/2016
229	32853K585	4/13/2016	8/9/1982	STATE FARM FIRE	4/14/2016	34	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/25/2016
230	32853K585	4/13/2016	4/17/1992	STATE FARM FIRE	4/18/2016	24	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4/25/2016
231	328871038	4/15/2016	2/17/1996	STATE FARM FIRE	4/19/2016	47	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5/2/2016
232	328871038	5/14/2016	12/9/1996	STATE FARM MUTUAL	5/16/2016	19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5/25/2016
233	328871038	5/14/2016	10/19/1982	STATE FARM MUTUAL	5/16/2016	34	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5/24/2016
234	328871038	5/14/2016	7/17/1995	STATE FARM MUTUAL	5/16/2016	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5/31/2016
235	328871038	5/16/2016	8/10/1968	STATE FARM MUTUAL	5/18/2016	48	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6/7/2016
236	328871038	5/24/2016	6/21/1977	STATE FARM FIRE	5/25/2016	39	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6/9/2016
237	328871038	5/24/2016	8/22/1992	STATE FARM FIRE	5/25/2016	24	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6/9/2016
238	328871038	5/24/2016	11/24/1958	STATE FARM FIRE	5/26/2016	58	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6/7/2016
239	328871038	5/24/2016	12/3/1996	STATE FARM FIRE	5/26/2016	19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6/7/2016
240	328871038	5/31/2016	12/31/1982	STATE FARM MUTUAL	6/2/2016	33	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6/21/2016
241	328871038	5/31/2016	12/25/2003	STATE FARM MUTUAL	6/3/2016	12	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7/1/2016
242	32971J026	8/30/2016	10/24/1966	STATE FARM MUTUAL	6/20/2016	50	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10/3/2016
243	32971J026	8/14/2016	11/11/1960	STATE FARM MUTUAL	6/21/2016	56	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10/3/2016
244	328531793	6/21/2016	3/9/1980	STATE FARM MUTUAL	6/22/2016	36	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7/21/2016
245	32912D489	6/23/2016	6/28/1987	STATE FARM MUTUAL	6/27/2016	29	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8/9/2016
246	32912D489	6/23/2016	12/22/1986	STATE FARM MUTUAL	6/28/2016	30	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7/25/2016
247	32918F685	7/7/2016	4/5/1986	STATE FARM FIRE	7/8/2016	30	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7/22/2016
248	32918F685	7/7/2016	11/24/1989	STATE FARM FIRE	7/8/2016	27	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7/21/2016

Exhibit 1 - 1786 Flatbush Treatment Summary

RICO NO.	Claim No.	Date of Loss	Date of Birth	State Farm Fire/Auto	1st DOS	Patient Treatment Modalities			Patient Testing				V-SNCT	BEP	SSEP	Dry Needling	Trigger Point	DMIE	Date of Mailing
						Chiropractic	Chiro 3-4	Physical Therapy	Acupuncture	Muscle Testing	ROM	Functional Capacity	NCV/EMG						
249	32918685	7/7/2016	10/1/1986	STATE FARM FIRE	7/8/2016				X						X				7/22/2016
250	529172379	7/7/2016	7/28/1980	STATE FARM MUTUAL	7/13/2016				X						X				7/25/2016
251	529172379	7/7/2016	3/28/1986	STATE FARM MUTUAL	7/13/2016	X				X	X				X		X		7/28/2016
252	328882272	5/14/2016	12/28/1995	STATE FARM MUTUAL	7/13/2016				X										#N/A
253	529172379	7/7/2016	12/1/1991	STATE FARM MUTUAL	7/15/2016	X				X	X				X		X		7/25/2016
254	329585986	8/23/2016	11/6/1986	STATE FARM FIRE	8/12/2016				X						X		X		9/19/2016
255	32948C191	8/12/2016	2/24/1995	STATE FARM MUTUAL	8/16/2016	X			X						X		X		9/2/2016
256	32948C191	8/12/2016	2/17/1989	STATE FARM MUTUAL	8/16/2016				X						X		X		9/2/2016
257	32948C191	8/12/2016	3/28/1989	STATE FARM MUTUAL	8/16/2016	X			X						X		X		9/2/2016
258	32948C191	8/12/2016	7/1/1996	STATE FARM MUTUAL	8/16/2016				X						X		X		9/2/2016
259	329585986	8/23/2016	3/3/1992	STATE FARM FIRE	8/24/2016				X						X		X		9/16/2016
260	329585986	8/23/2016	10/2/1990	STATE FARM FIRE	8/24/2016	X			X						X		X		9/7/2016
261	329585986	8/23/2016	5/17/1984	STATE FARM FIRE	8/31/2016				X						X				#N/A
262	329585986	8/24/2016	10/7/1989	STATE FARM FIRE	9/7/2016	X			X						X		X		9/20/2016
263	329585986	8/24/2016	10/6/1994	STATE FARM FIRE	9/26/2016				X						X		X		10/10/2016
264	329585986	9/24/2016	4/18/1994	STATE FARM FIRE	9/26/2016	X			X						X		X		10/10/2016
265	329585986	9/24/2016	8/12/1996	STATE FARM FIRE	9/26/2016				X						X		X		10/10/2016
266	32984N272	9/27/2016	8/24/1995	STATE FARM MUTUAL	10/3/2016	X			X						X		X		10/10/2016
267	32984N272	9/27/2016	1/21/1994	STATE FARM MUTUAL	10/4/2016				X						X		X		10/17/2016
268	32989D552	10/3/2016	1/10/1993	STATE FARM MUTUAL	10/5/2016	X			X						X		X		10/24/2016
269	32989D552	10/3/2016	12/9/1985	STATE FARM MUTUAL	10/5/2016				X						X				#N/A
270	32989D552	10/3/2016	7/9/1988	STATE FARM MUTUAL	10/6/2016	X			X						X		X		10/24/2016
271	32989D552	10/6/2016	8/21/1995	STATE FARM MUTUAL	10/7/2016				X						X		X		10/24/2016
272	32989D552	10/6/2016	8/25/1981	STATE FARM MUTUAL	10/10/2016	X			X						X		X		10/24/2016
273	32989D552	10/3/2016	12/7/1956	STATE FARM MUTUAL	10/17/2016				X						X		X		11/3/2016
274	329M34271	11/28/2016	1/26/1988	STATE FARM FIRE	11/17/2016	X			X						X		X		12/19/2016
275	320275556	11/23/2016	1/14/1951	STATE FARM FIRE	11/23/2016				X						X		X		12/12/2016
276	320275556	11/28/2016	3/14/1978	STATE FARM FIRE	11/28/2016	X			X						X		X		1/3/2017
277	320296394	11/28/2016	12/10/1979	STATE FARM FIRE	11/28/2016				X						X		X		1/5/2017
278	320296394	11/23/2016	11/16/1981	STATE FARM FIRE	11/28/2016	X			X						X		X		1/5/2017
279	320296394	11/23/2016	10/20/1976	STATE FARM FIRE	11/28/2016				X						X		X		1/5/2017
280	329M34271	11/28/2016	12/13/1988	STATE FARM FIRE	11/29/2016	X			X						X		X		1/3/2017
281	320275556	11/28/2016	5/7/1978	STATE FARM FIRE	11/30/2016	X			X						X		X		12/12/2016
282	320275556	11/28/2016	11/20/1992	STATE FARM FIRE	11/30/2016				X						X		X		12/12/2016
283	320275556	11/28/2016	8/16/1979	STATE FARM FIRE	11/30/2016	X			X						X		X		12/12/2016
284	329M34271	11/28/2016	12/31/1998	STATE FARM FIRE	12/8/2016				X						X		X		12/23/2016
285	3203921H5	12/10/2016	10/20/1985	STATE FARM FIRE	12/14/2016	X			X						X		X		12/27/2016
286	3203921H5	12/10/2016	7/15/1993	STATE FARM FIRE	12/14/2016				X						X		X		12/27/2016
287	3203921H5	12/10/2016	8/26/1995	STATE FARM FIRE	12/14/2016	X			X						X		X		12/27/2016
288	3203921H5	12/10/2016	9/20/1988	STATE FARM FIRE	12/14/2016				X						X		X		1/3/2017
289	329P60100	12/24/2016	10/25/1993	STATE FARM FIRE	12/27/2016	X			X						X		X		1/31/2017
290	329P60100	12/24/2016	2/4/1999	STATE FARM FIRE	12/27/2016				X						X		X		1/27/2017
291	329P60100	12/24/2016	7/29/1988	STATE FARM FIRE	12/27/2016	X			X						X		X		1/27/2017
292	329P60100	12/24/2016	1/4/1977	STATE FARM FIRE	12/28/2016				X						X		X		1/4/2017
293	3205538R0	12/31/2016	9/17/1991	STATE FARM FIRE	1/3/2017				X						X		X		1/17/2017
294	3205538R0	12/31/2016	10/27/1954	STATE FARM FIRE	1/3/2017				X						X		X		1/18/2017
295	3205538R0	12/31/2016	4/30/1986	STATE FARM FIRE	1/3/2017				X						X		X		1/17/2017
296	5206081C8	1/8/2017	7/31/1965	STATE FARM MUTUAL	1/9/2017				X						X		X		1/23/2017
297	5206081C8	1/8/2017	3/14/1991	STATE FARM MUTUAL	1/9/2017				X						X		X		1/23/2017
298	5206081C8	1/8/2017	9/24/1995	STATE FARM MUTUAL	1/9/2017				X						X		X		1/23/2017
299	5206081C8	1/8/2017	5/9/1975	STATE FARM MUTUAL	1/12/2017				X						X		X		1/23/2017
300	3207149T4	1/17/2017	9/20/1994	STATE FARM MUTUAL	1/25/2017				X						X		X		2/6/2017

Exhibit 2

Exhibit 2 - Medical Doctor Initial Evaluations

RICO NO.	Date of Service	Provider	Patient Complaints			Cervical Sprain/Strain, Cervicalgia, Myofascitis	Lumbar Sprain/Strain, Low Back Pain, Myofascitis	Other Region	Treatment Plan						Billed Services: DME Items	
			Neck Pain	Lower Back Pain	Pain Every Day				Treatment Plan: Physical Therapy	Billed Services: Physical Therapy	Treatment Plan: Synoptic NM Block	Treatment Plan: Computerized ROM/MMT	Billed Services: Computerized ROM/MT	Treatment Plan: X-Ray Regions Referred		Treatment Plan: MRI Regions Referred
2	9/4/2013	JULES FRANCOIS PARSSEN MD	X	X		X	X		X		X		X			10
2	9/18/2013	KSENA PAVLOVA					X						X			10
3	9/4/2013	JULES FRANCOIS PARSSEN MD	X	X		X	X		X				X	2	1	9
3	10/11/2013	KSENA PAVLOVA	X	X	X	X	X		X				X			9
4	9/6/2013	KSENA PAVLOVA		X		X	X		X				X	2	1	9
5	9/17/2013	KSENA PAVLOVA	X	X		X	X		X				X			10
5	10/16/2013	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X	X	4	4	13
6	10/17/2013	JULES FRANCOIS PARSSEN MD	X	X		X	X		X			X	X	5	4	11
6	12/13/2013	KSENA PAVLOVA	X	X		X	X		X			X	X		1	11
7	10/17/2013	JULES FRANCOIS PARSSEN MD	X	X		X	X		X			X		2	3	9
8	10/29/2013	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X	X	6	7	12
8	1/24/2014	KSENA PAVLOVA	X	X		X	X		X			X				12
9	10/30/2013	PIERRE J RENILIQUE		X		X	X		X			X				11
10	10/31/2013	JULES FRANCOIS PARSSEN MD		X		X	X		X		X		X	1	1	10
10	11/1/2013	KSENA PAVLOVA		X		X	X		X			X		3	3	10
10	3/10/2014	LUOMAN DABIRI		X		X	X		X			X				10
10	8/29/2014	NOEL E BLACKMAN MD		X		X	X		X			X				10
11	10/31/2013	JULES FRANCOIS PARSSEN MD		X		X	X		X			X		5	4	11
11	11/1/2013	KSENA PAVLOVA	X	X		X	X		X			X				11
11	2/24/2014	LUOMAN DABIRI	X	X		X	X		X			X				11
12	11/1/2013	KSENA PAVLOVA	X	X		X	X		X			X		4	4	11
13	11/5/2013	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X		4	4	10
13	1/31/2014	KSENA PAVLOVA	X	X		X	X		X			X				10
13	4/7/2014	LUOMAN DABIRI	X	X		X	X		X			X				10
14	11/19/2013	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X		2	4	10
15	12/2/2013	KSENA PAVLOVA	X	X		X	X		X			X		6	6	12
16	12/2/2013	KSENA PAVLOVA	X	X		X	X		X			X		2	2	11
17	12/2/2013	KSENA PAVLOVA	X	X		X	X		X			X		4	5	11
18	12/2/2013	KSENA PAVLOVA	X	X		X	X		X			X		4	4	11
19	12/11/2013	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X		5	5	9
20	12/12/2013	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X		2	2	9
21	12/13/2013	KSENA PAVLOVA	X	X		X	X		X			X		6	6	11
22	12/13/2013	KSENA PAVLOVA	X	X		X	X		X			X		3	4	11
23	12/20/2013	KSENA PAVLOVA	X	X		X	X		X			X		2	2	9
23	1/2/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X	X		X		2	2	9
24	12/26/2013	JULES FRANCOIS PARSSEN MD	X	X		X	X		X		X		X			9
24	2/10/2014	KSENA PAVLOVA		X		X	X		X			X				
25	12/27/2013	KSENA PAVLOVA	X	X		X	X		X			X		3	3	11
26	1/7/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X		4	3	11
27	1/7/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X		2	2	9
28	1/7/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X		2	2	9
28	1/31/2014	KSENA PAVLOVA		X		X	X		X			X				9
29	1/7/2014	JULES FRANCOIS PARSSEN MD	X	X		X	X		X			X		3	3	8
31	1/16/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X	X	4	2	9
31	2/14/2014	LUOMAN DABIRI	X	X	X	X	X		X			X				9
32	1/17/2014	KSENA PAVLOVA	X	X		X	X		X			X		3	3	9
33	1/17/2014	KSENA PAVLOVA	X	X		X	X		X			X				7
34	1/24/2014	KSENA PAVLOVA	X	X		X	X		X			X		2	2	15
34	3/3/2014	LUOMAN DABIRI	X	X		X	X		X			X		12	12	12
35	1/24/2014	KSENA PAVLOVA	X	X		X	X		X			X		3	4	13
36	1/24/2014	KSENA PAVLOVA	X	X		X	X		X			X		2	3	12
36	1/24/2014	KSENA PAVLOVA		X		X	X		X			X		3	5	12
37	1/23/2014	KSENA PAVLOVA	X	X		X	X		X			X		3	4	12
38	2/5/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X		2	2	6
41	2/5/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X		X			X		4	4	12
41	2/24/2014	LUOMAN DABIRI	X	X		X	X		X			X		3	3	12
41	4/3/2014	KSENA PAVLOVA	X	X	X	X	X		X			X				12

Exhibit 2 - Medical Doctor Initial Evaluations

RICO NO.	Date of Service	Provider	Patient Complaints			Cervical Sprain/Strain, Cervicalgia, Myofascitis	Lumbar Sprain/Strain, Low Back Pain, Myofascitis	Other Region	Treatment Plan						Billed Services: Computerized ROM/MT	Treatment Plan: X-Ray Regions Referred	Treatment Plan: MRI Regions Referred	Billed Services: DME Items
			Neck Pain	Lower Back Pain	Pain Every Day				Treatment Plan: Physical Therapy	Treatment Plan: Synoptic NM Block	Billed Services: Synoptic TX	Treatment Plan: Computerized ROM/MT						
42	2/5/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X		X	6		15
42	3/10/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X		X			15
43	2/6/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	4	3	13
39	2/6/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	2	3	10
44	2/6/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	3	3	8
45	2/27/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	4	3	11
46	2/27/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	5	4	10
46	4/7/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X			10
47	2/27/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	5	3	10
47	4/3/2014	KSENIA PAVLOVA	X	X	X	X	X	X	X		X		X	X	X			10
48	2/27/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	3	2	9
50	3/10/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	2	2	8
49	3/10/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	2	2	8
51	3/10/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	2	2	11
51	2/27/2015	NOEL E BLACKMAN MD	X	X	X	X	X	X	X		X		X	X	X	2	1	2
52	3/12/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	3	3	2
52	4/21/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	1	2	11
52	5/14/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	2	11	11
53	3/12/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	4	3	13
53	4/7/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X			13
54	3/13/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	3	3	11
55	3/13/2014	LUOMAN DABIRI MD	X	X	X	X	X	X	X		X		X	X	X	2	2	10
56	3/17/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X			
57	3/17/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	3	3	7
58	3/24/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	4	4	8
59	3/24/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	3		11
59	6/19/2014	KSENIA PAVLOVA	X	X	X	X	X	X	X		X		X	X	X			
60	3/31/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	4	4	13
62	4/9/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	4	4	12
62	5/22/2014	KSENIA PAVLOVA	X	X	X	X	X	X	X		X		X	X	X			12
62	6/11/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	4	4	12
62	8/7/2014	NOEL E BLACKMAN MD	X	X	X	X	X	X	X		X		X	X	X	3	2	12
63	4/9/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	4	4	13
65	4/10/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X			11
66	4/10/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	3	2	11
66	5/21/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	3	3	11
67	4/10/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	3		12
67	7/18/2014	NOEL E BLACKMAN MD	X	X	X	X	X	X	X		X		X	X	X			12
68	4/10/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	1	1	12
69	4/28/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	3	3	11
70	4/29/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	4	4	14
70	6/6/2014	NOEL E BLACKMAN MD	X	X	X	X	X	X	X		X		X	X	X	4	4	14
71	5/16/2014	KSENIA PAVLOVA	X	X	X	X	X	X	X		X		X	X	X	3	3	12
72	5/19/2014	LUOMAN DABIRI	X	X	X	X	X	X	X		X		X	X	X	4	4	12
73	5/21/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	4	4	14
73	7/7/2014	NOEL E BLACKMAN MD	X	X	X	X	X	X	X		X		X	X	X			14
74	5/28/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	4	4	14
75	6/3/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	2	2	8
78	6/3/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	4	4	15
78	6/27/2014	KSENIA PAVLOVA	X	X	X	X	X	X	X		X		X	X	X			15
79	6/3/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	2	2	13
80	6/3/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	3	3	14
76	6/4/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X			13
76	7/11/2014	KSENIA PAVLOVA	X	X	X	X	X	X	X		X		X	X	X	4	6	13
81	6/9/2014	KSENIA PAVLOVA	X	X	X	X	X	X	X		X		X	X	X			15
81	6/25/2014	JULES FRANCOIS PARSSEN MD	X	X	X	X	X	X	X		X		X	X	X	3	1	15

Exhibit 2 - Medical Doctor Initial Evaluations

RICO NO.	Date of Service	Provider	Patient Complaints			Cervical Sprain/Strain, Cervicalgia, Myofascitis	Lumbar Sprain/Strain, Low Back Pain, Myofascitis	Other Region	Treatment Plan					Billed Services: Computerized ROM/MMT	Billed Services: Synoptic NM Block	Treatment Plan: Physical Therapy	Billed Services: Physical Therapy	Treatment Plan: Synoptic NM Block	Billed Services: Synoptic TX	Treatment Plan: Computerized ROM/MMT	Billed Services: Computerized ROM/MT	Treatment Plan: X-Ray Regions Referred	Treatment Plan: MRI Regions Referred	Billed Services: DME Items
			Neck Pain	Lower Back Pain	Pain Every Day				Treatment Plan: Physical Therapy	Treatment Plan: Synoptic NM Block	Billed Services: Synoptic TX	Treatment Plan: Computerized ROM/MMT	Billed Services: Computerized ROM/MT											
81	6/25/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	4	3	15
82	2/3/2015	FRANCIS J LACINA	X	X	X				X		X		X	X		X		X			X	4	4	15
82	6/17/2014	JULES FRANCOIS PARSSEN MD	X	X	X			X	X		X		X	X		X		X			X	4	6	14
82	6/27/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	2	4	14
84	7/25/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	4	4	14
84	7/9/2014	JULES FRANCOIS PARSSEN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	14
85	7/9/2014	JULES FRANCOIS PARSSEN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	15
86	7/9/2014	JULES FRANCOIS PARSSEN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	15
86	9/18/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	5	4	14
64	7/9/2014	JULES FRANCOIS PARSSEN MD	X	X	X			X	X		X		X	X		X		X			X	5	5	14
64	7/11/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	2	5	16
88	7/18/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	2	2	16
88	7/18/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	2	1	16
88	8/13/2014	JULES FRANCOIS PARSSEN MD	X	X	X			X	X		X		X	X		X		X			X	2	4	16
88	8/19/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	7	7	17
88	1/19/2015	FRANCIS J LACINA	X	X	X			X	X		X		X	X		X		X			X	7	7	17
87	10/20/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	17
87	10/20/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	4	7	17
87	1/15/2015	FRANCIS J LACINA	X	X	X			X	X		X		X	X		X		X			X	4	7	17
89	7/18/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	4	7	17
89	10/20/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	6	6	17
89	1/15/2015	FRANCIS J LACINA	X	X	X			X	X		X		X	X		X		X			X	4	4	15
89	2/6/2015	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	17
90	7/22/2014	JULES FRANCOIS PARSSEN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	14
91	7/25/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	3	4	16
92	8/6/2014	JULES FRANCOIS PARSSEN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	16
93	8/12/2014	JULES FRANCOIS PARSSEN MD	X	X	X			X	X		X		X	X		X		X			X	2	2	14
93	8/27/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	6	6	17
94	8/20/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	6	6	17
95	8/20/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	15
96	8/26/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	15
96	10/27/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	4	4	16
97	8/26/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	16
97	9/19/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	4	4	13
98	8/26/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	3	2	15
100	8/27/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	3	2	15
100	10/9/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	3	4	15
100	1/22/2015	FRANCIS J LACINA	X	X	X			X	X		X		X	X		X		X			X	3	2	15
101	8/27/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	3	3	16
99	9/27/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	3	3	16
99	9/28/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	6	6	15
99	1/14/2015	JULES FRANCOIS PARSSEN MD	X	X	X			X	X		X		X	X		X		X			X	6	6	15
99	1/16/2015	FRANCIS J LACINA	X	X	X			X	X		X		X	X		X		X			X	6	6	15
102	9/16/2014	JULES FRANCOIS PARSSEN MD	X	X	X			X	X		X		X	X		X		X			X	6	6	15
102	10/20/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	6	6	15
102	10/20/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	6	6	15
103	9/17/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	13
104	9/18/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	3	3	12
105	9/22/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	2	2	14
106	9/22/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	2	2	14
106	1/15/2015	FRANCIS J LACINA	X	X	X			X	X		X		X	X		X		X			X	3	3	14
107	9/22/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	3	3	14
107	9/22/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	14
107	1/21/2015	FRANCIS J LACINA	X	X	X			X	X		X		X	X		X		X			X	4	4	14
108	9/22/2014	KSENIA PAVLOVA	X	X	X			X	X		X		X	X		X		X			X	4	4	15
108	10/1/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	2	2	15
108	10/1/2014	NOEL E BLACKMAN MD	X	X	X			X	X		X		X	X		X		X			X	4	4	15

Exhibit 2 - Medical Doctor Initial Evaluations

RICO NO.	Date of Service	Provider	Patient Complaints			Cervical Sprain/Strain, Cervicalgia, Myofascitis	Lumbar Sprain/Strain, Low Back Pain, Myofascitis	Other Region	Treatment Plan					Billed Services: Computerized ROM/MT	Treatment Plan: X-Ray Regions Referred	Treatment Plan: MRI Regions Referred	Billed Services: DME Items
			Neck Pain	Lower Back Pain	Pain Every Day				Treatment Plan: Physical Therapy	Treatment Plan: Synoptic NM Block	Billed Services: Synoptic TX	Treatment Plan: Computerized ROM/MT	Billed Services: Computerized ROM/MT				
109	9/24/2014	NOELE BLACKMAN MD	X	X	X	X		X	X		X			4		4	13
109	10/16/2014	KSENIA PAVLOVA	X	X	X	X	X	X	X		X						13
109	1/15/2015	FRANCIS J LACINA	X	X	X	X		X	X		X						13
110	9/24/2014	NOELE BLACKMAN MD	X	X	X	X	X	X	X		X			3		4	15
110	1/15/2015	FRANCIS J LACINA	X	X	X	X		X	X	X	X			6		6	2
111	9/24/2014	NOELE BLACKMAN MD	X	X	X	X		X	X		X			4		4	16
112	9/24/2014	NOELE BLACKMAN MD	X	X	X	X	X		X		X						16
112	12/5/2014	KSENIA PAVLOVA	X	X	X	X	X		X		X						16
113	9/29/2014	KSENIA PAVLOVA	X	X	X	X			X		X			4		4	16
113	9/29/2014	NOELE BLACKMAN MD	X	X	X	X	X	X	X		X			4		4	16
113	11/14/2014	NOELE BLACKMAN MD	X	X	X	X	X	X	X		X			5		5	16
114	9/30/2014	NOELE BLACKMAN MD	X	X	X	X		X	X		X			2		2	11
114	1/7/2015	JULES FRANCOIS PARSIE MD	X	X	X	X		X	X		X			2		2	11
114	2/5/2015	FRANCIS J LACINA	X	X	X	X	X	X	X		X						11
115	11/7/2014	KSENIA PAVLOVA	X	X	X	X		X	X		X			4		4	14
115	1/15/2015	FRANCIS J LACINA	X	X	X	X	X	X	X		X						14
115	3/11/2015	JULES FRANCOIS PARSIE MD	X	X	X	X		X	X		X			3		3	15
116	11/7/2014	KSENIA PAVLOVA	X	X	X	X	X	X	X		X						15
116	1/13/2015	FRANCIS J LACINA	X	X	X	X		X	X		X			6		6	14
117	1/17/2014	KSENIA PAVLOVA	X	X	X	X		X	X		X						14
117	1/15/2015	FRANCIS J LACINA	X	X	X	X	X	X	X		X			2		2	18
30	11/18/2014	JULES FRANCOIS PARSIE MD	X	X	X	X		X	X		X			5		5	18
30	11/28/2014	NOELE BLACKMAN MD	X	X	X	X	X	X	X		X			2		2	18
30	1/16/2015	FRANCIS J LACINA	X	X	X	X		X	X		X			2		2	11
118	12/3/2014	NOELE BLACKMAN MD	X	X	X	X	X	X	X		X			6		6	11
118	2/13/2015	NOELE BLACKMAN MD	X	X	X	X		X	X		X			3		3	14
119	12/11/2014	KSENIA PAVLOVA	X	X	X	X	X	X	X		X						14
119	12/11/2014	NOELE BLACKMAN MD	X	X	X	X		X	X		X			3		3	14
121	12/16/2014	NOELE BLACKMAN MD	X	X	X	X	X	X	X		X			2		2	14
120	12/16/2014	NOELE BLACKMAN MD	X	X	X	X	X	X	X		X			4		4	16
122	12/16/2014	NOELE BLACKMAN MD	X	X	X	X		X	X		X			6		6	16
122	1/12/2015	FRANCIS J LACINA	X	X	X	X	X	X	X		X			6		6	16
123	12/16/2014	NOELE BLACKMAN MD	X	X	X	X		X	X		X			4		4	14
123	1/19/2015	FRANCIS J LACINA	X	X	X	X	X	X	X		X						14
128	1/16/2015	NOELE BLACKMAN MD	X	X	X	X		X	X		X			4		4	13
128	1/21/2015	FRANCIS J LACINA	X	X	X	X		X	X		X						13
129	1/16/2015	FRANCIS J LACINA	X	X	X	X	X	X	X		X						13
129	3/4/2015	JULES FRANCOIS PARSIE MD	X	X	X	X		X	X		X			4		4	14
130	1/16/2015	FRANCIS J LACINA	X	X	X	X	X	X	X		X			4		4	16
131	1/16/2015	NOELE BLACKMAN MD	X	X	X	X		X	X		X			6		8	17
131	1/19/2015	FRANCIS J LACINA	X	X	X	X	X	X	X		X						17
131	1/28/2015	JULES FRANCOIS PARSIE MD	X	X	X	X		X	X		X			2		2	17
132	2/6/2015	FRANCIS J LACINA	X	X	X	X	X	X	X		X			4		4	17
132	3/22/2015	JULES FRANCOIS PARSIE MD	X	X	X	X	X	X	X		X			6		6	17
133	2/9/2015	JULES FRANCOIS PARSIE MD	X	X	X	X	X	X	X		X		X	2		2	2
135	2/18/2015	JULES FRANCOIS PARSIE MD	X	X	X	X	X	X	X		X			4		4	16
136	2/18/2015	JULES FRANCOIS PARSIE MD	X	X	X	X		X	X	X	X			4		4	16
134	2/18/2015	JULES FRANCOIS PARSIE MD	X	X	X	X	X	X	X		X			3		3	17
139	2/23/2015	JULES FRANCOIS PARSIE MD	X	X	X	X		X	X		X			6		6	16
140	2/25/2015	JULES FRANCOIS PARSIE MD	X	X	X	X	X	X	X		X			8		8	16
137	2/25/2015	JULES FRANCOIS PARSIE MD	X	X	X	X	X	X	X		X			4		4	16
137	10/13/2015	KSENIA PAVLOVA	X	X	X	X	X	X	X		X						16
141	2/25/2015	JULES FRANCOIS PARSIE MD	X	X	X	X	X	X	X		X			4		4	12
141	8/20/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X	X	X	X		X						12
138	2/27/2015	NOELE BLACKMAN MD	X	X	X	X		X	X		X			2		2	14
138	4/24/2015	JULES FRANCOIS PARSIE MD	X	X	X	X		X	X		X						14
147	2/27/2015	NOELE BLACKMAN MD	X	X	X	X		X	X		X			2		2	14

Exhibit 2 - Medical Doctor Initial Evaluations

RICO NO.	Date of Service	Provider	Patient Complaints			Treatment Plan								Billed Services: DME Items		
			Neck Pain	Lower Back Pain	Pain Every Day	Cervical Sprain/Strain, Cervicalgia, Myofascitis	Lumbar Sprain/Strain, Low Back Pain, Myofascitis	Other Region	Treatment Plan: Physical Therapy	Billed Services: Physical Therapy	Treatment Plan: Synoptic NM Block	Billed Services: Computerized ROM/MT	Treatment Plan: X-Ray Regions Referred		Treatment Plan: MRI Regions Referred	
147	3/5/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X		X		X		3	14
148	2/27/2015	NOEL E BLACKMAN MD		X					X				X		4	17
148	3/4/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X		2	17
149	2/27/2015	NOEL E BLACKMAN MD	X	X	X		X		X				X		4	16
149	3/4/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	1	1	16
143	2/27/2015	NOEL E BLACKMAN MD	X	X	X		X		X				X		4	16
144	2/27/2015	NOEL E BLACKMAN MD	X	X	X		X		X				X	4	4	16
145	2/27/2015	NOEL E BLACKMAN MD	X	X	X		X		X				X	4	4	16
145	3/2/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	2	2	16
145	3/2/2015	NOEL E BLACKMAN MD	X	X	X		X		X				X	2	2	16
146	2/27/2015	NOEL E BLACKMAN MD	X	X	X		X		X				X	4	4	16
146	4/8/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X			16
61	3/3/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	2	2	14
150	3/4/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	2	2	13
142	3/5/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	4	4	16
142	7/28/2015	ALLAY MEDICAL SERVICES PC	X	X		X			X				X			16
142	8/17/2015	ALLAY MEDICAL SERVICES PC	X	X		X			X				X			16
151	3/5/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	4	4	15
152	3/10/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	3	3	
153	4/22/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	5	5	
154	4/29/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	6	6	2
155	4/29/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	4	4	3
156	4/29/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	5	5	2
157	5/21/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	7	7	4
157	8/13/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X			4
158	5/4/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	6	6	2
159	5/8/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	5	5	
159	8/4/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X			6
161	5/20/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	6	6	17
161	9/17/2015	KSENA PAVLOVA	X	X	X		X		X				X			17
160	5/22/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	4	4	2
162	5/26/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	6	6	17
162	7/28/2015	ALLAY MEDICAL SERVICES PC	X	X		X			X				X			12
164	6/5/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	4	4	12
164	10/6/2015	KSENA PAVLOVA	X	X		X			X				X			12
163	6/5/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X			13
125	6/8/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	6	6	11
83	6/12/2015	JULES FRANCOIS PARSIE MD	X	X	X		X		X				X	3	3	11
83	8/13/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X			11
166	7/8/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X	X			X	3	4	16
166	9/17/2015	KSENA PAVLOVA	X	X	X		X		X				X			16
169	7/23/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X	4	4	16
169	8/26/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X	3	1	16
168	7/23/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X	4	4	10
170	7/31/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X	4	4	16
170	8/4/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X	4	4	16
172	8/4/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X	3	3	14
172	8/25/2015	KSENA PAVLOVA	X	X	X		X		X				X	3	3	14
171	8/5/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X	3	3	13
171	8/17/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X	5	5	13
173	8/17/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X	4	4	15
174	8/17/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X			14
176	9/9/2015	ALLAY MEDICAL SERVICES PC	X	X	X		X		X				X	5	5	17
177	9/15/2015	KSENA PAVLOVA	X	X	X		X		X				X	3	3	15
177	9/15/2015	KSENA PAVLOVA	X	X	X		X		X				X			14
175	9/15/2015	KSENA PAVLOVA	X	X	X		X		X				X	3	3	15
175	10/9/2015	KSENA PAVLOVA	X	X	X		X		X				X			15

Exhibit 2 - Medical Doctor Initial Evaluations

RICO NO.	Date of Service	Provider	Patient Complaints			Cervical Sprain/Strain, Cervicalgia, Myofascitis	Lumbar Sprain/Strain, Low Back Pain, Myofascitis	Other Region	Treatment Plan					Billed Services: Computerized ROM/MT	Treatment Plan: Synoptic NM Block	Billed Services: Physical Therapy	Treatment Plan: Physical Therapy	Billed Services: Synoptic NM Block	Treatment Plan: Computerized ROM/MT	Billed Services: Computerized ROM/MT	Treatment Plan: X-Ray Regions Referred	Treatment Plan: MRI Regions Referred	Billed Services: DME Items
			Neck Pain	Lower Back Pain	Pain Every Day				Treatment Plan: Physical Therapy	Treatment Plan: Synoptic NM Block	Billed Services: Synoptic NM Block	Treatment Plan: Computerized ROM/MT	Billed Services: Computerized ROM/MT										
178	10/9/2015	KSENIA PAVLOVA	X	X	X			X	X							X				3	4	3	10
179	10/30/2015	RA MEDICAL SERVICES	X	X	X			X												4	4	3	
180	10/30/2015	RA MEDICAL SERVICES	X	X	X			X												5	5	5	
182	11/10/2015	FRANCIS JOSEPH LACINA MD	X	X	X			X								X				3	3	3	15
182	12/4/2015	RA MEDICAL SERVICES	X	X	X			X								X				2	2	2	15
181	11/11/2015	FRANCIS JOSEPH LACINA MD	X	X	X			X								X				2	2	2	15
181	11/24/2015	ALLAY MEDICAL SERVICES PC	X	X	X			X								X				3	3	3	15
181	12/11/2015	RA MEDICAL SERVICES	X	X	X			X								X				3	3	3	15
183	11/11/2015	FRANCIS JOSEPH LACINA MD	X	X	X			X								X				3	3	3	15
183	11/24/2015	ALLAY MEDICAL SERVICES PC	X	X	X			X								X				4	4	4	15
183	1/8/2016	RA MEDICAL SERVICES	X	X	X			X								X				4	4	4	11
184	11/16/2015	RA MEDICAL SERVICES	X	X	X			X								X				4	4	4	14
185	11/16/2015	RA MEDICAL SERVICES	X	X	X			X								X				4	4	4	14
185	11/24/2015	ALLAY MEDICAL SERVICES PC	X	X	X			X								X				4	4	4	14
185	1/6/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				4	4	4	14
186	11/16/2015	RA MEDICAL SERVICES	X	X	X			X								X				4	4	4	14
186	11/24/2015	ALLAY MEDICAL SERVICES PC	X	X	X			X								X				4	4	4	14
186	1/5/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				1	1	1	14
187	11/18/2015	FRANCIS JOSEPH LACINA MD	X	X	X			X								X				1	1	1	14
187	11/24/2015	ALLAY MEDICAL SERVICES PC	X	X	X			X								X				1	1	1	14
187	12/11/2015	RA MEDICAL SERVICES	X	X	X			X								X				3	3	3	13
187	11/27/2015	ALLAY MEDICAL SERVICES PC	X	X	X			X								X				1	1	1	13
188	12/4/2015	RA MEDICAL SERVICES	X	X	X			X								X				4	4	4	16
190	12/17/2015	RA MEDICAL SERVICES	X	X	X			X								X				5	5	5	16
190	12/29/2015	ALLAY MEDICAL SERVICES PC	X	X	X			X								X				5	5	5	16
190	1/5/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				2	2	2	16
191	12/17/2015	RA MEDICAL SERVICES	X	X	X			X								X				3	3	3	16
191	1/7/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				3	3	3	16
191	1/22/2016	RA MEDICAL SERVICES	X	X	X			X								X				3	3	3	16
189	12/18/2015	ALLAY MEDICAL SERVICES PC	X	X	X			X								X				3	3	3	15
189	1/8/2016	RA MEDICAL SERVICES	X	X	X			X								X				2	2	2	13
192	1/7/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				2	2	2	13
192	1/8/2016	RA MEDICAL SERVICES	X	X	X			X								X				2	2	2	13
193	1/7/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				2	2	2	14
193	1/7/2016	RA MEDICAL SERVICES	X	X	X			X								X				3	3	3	14
193	1/8/2016	RA MEDICAL SERVICES	X	X	X			X								X				3	3	3	14
194	1/8/2016	RA MEDICAL SERVICES	X	X	X			X								X				4	4	4	15
194	1/12/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				4	4	4	15
195	1/8/2016	RA MEDICAL SERVICES	X	X	X			X								X				4	4	4	14
195	1/21/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				4	4	4	14
196	1/8/2016	RA MEDICAL SERVICES	X	X	X			X								X				3	3	3	11
196	1/19/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				3	3	3	11
197	1/8/2016	RA MEDICAL SERVICES	X	X	X			X								X				3	3	3	11
197	1/14/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				4	4	4	16
198	1/19/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				4	4	4	16
199	1/22/2016	RA MEDICAL SERVICES	X	X	X			X								X				4	4	4	7
199	1/25/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				2	2	2	7
200	1/22/2016	RA MEDICAL SERVICES	X	X	X			X								X				5	5	5	15
201	1/22/2016	RA MEDICAL SERVICES	X	X	X			X								X				3	3	3	15
201	1/26/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				1	1	1	15
203	1/25/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				2	2	2	15
203	2/5/2016	RA MEDICAL SERVICES	X	X	X			X								X				2	2	2	15
205	2/5/2016	RA MEDICAL SERVICES	X	X	X			X								X				3	3	3	15
206	2/23/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				3	3	3	15
206	3/25/2016	RA MEDICAL SERVICES	X	X	X			X								X				4	4	4	16
207	2/23/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				4	4	4	16
207	4/5/2016	RA MEDICAL SERVICES	X	X	X			X								X				3	3	3	14
208	2/23/2016	JULES FRANCOIS PARSISN MD	X	X	X			X								X				3	3	3	14

Exhibit 2 - Medical Doctor Initial Evaluations

RICO NO.	Date of Service	Provider	Patient Complaints			Cervical Sprain/Strain, Cervicalgia, Myofascitis	Lumbar Sprain/Strain, Low Back Pain, Myofascitis	Other Region	Treatment Plan					Billed Services: Computerized ROM/MMT	Treatment Plan: X-Ray Regions Referred	Treatment Plan: Mini Regions	Billed Services: DME Items
			Neck Pain	Lower Back Pain	Pain Every Day				Physical Therapy	Billed Services: Physical Therapy	Treatment Plan: Synoptic NM Block	Billed Services: Computerized ROM/MMT					
209	2/25/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X		X	X		X	X	X	3		12	
209	2/26/2016	RA MEDICAL SERVICES	X	X	X	X	X		X	X	X	X	X	3		12	
204	3/3/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X				
210	3/8/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	3	3	14	
210	3/18/2016	RA MEDICAL SERVICES	X	X	X	X			X	X	X	X	X	14			
211	3/8/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	4	4	15	
211	3/25/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X			15	
212	3/8/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	4	4	16	
212	4/5/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X				
213	3/11/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	4	4	16	
215	3/15/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	2	2	15	
215	5/8/2016	RA MEDICAL SERVICES	X	X	X	X	missing		X	X	X	X	X	4	4	15	
216	3/15/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	2	2	15	
216	5/5/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	3	3	15	
217	3/22/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X		1	15	
217	4/12/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X				
217	10/4/2016	JHP MEDICAL SERVICES PC	X	X	X	X	X	X	X	X	X	X	X	3		15	
218	3/22/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	3	3	15	
218	5/19/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	15		15	
220	3/24/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	3	3	15	
220	4/12/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X			15	
221	3/29/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	3	2	10	
221	4/5/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	10	2	10	
222	3/29/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	3	3	10	
219	3/31/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	2	2	13	
219	5/5/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X			13	
223	3/31/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	3	3	10	
224	4/1/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	3	3		
224	4/1/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	3			
214	4/4/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	3	3	11	
226	4/7/2016	JULES FRANCOIS PARISHEN MD	X	X	X	X	X	X	X	X	X	X	X	5	4	14	
226	5/13/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	2	2	14	
225	4/12/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X				
225	5/10/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X	4	4	13	
225	9/29/2016	JHP MEDICAL SERVICES PC	X	X	X	X			X	X	X	X	X	3	3	13	
227	4/14/2016	RA MEDICAL SERVICES	X	X	X	X			X	X	X	X	X	1	2	13	
228	4/14/2016	RA MEDICAL SERVICES	X	X	X	X			X	X	X	X	X	2	3	13	
228	4/26/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X	3	3	14	
229	4/14/2016	RA MEDICAL SERVICES	X	X	X	X			X	X	X	X	X	1	2	14	
229	5/2/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X			14	
229	11/3/2016	KP MEDICAL CARE PC	X	X	X	X			X	X	X	X	X	4	4	16	
231	4/19/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	1	2	16	
231	5/10/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X	4	4	15	
232	5/16/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X	4	4	15	
232	5/17/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	5	5	15	
233	5/16/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X	4	4	15	
233	5/17/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	3	3	14	
234	5/16/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X				
234	6/1/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	3	3	14	
234	9/22/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X	4	4	14	
235	5/18/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X				
235	9/19/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X	4	4	15	
236	5/25/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X	3	3	14	
236	5/27/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X			14	
236	11/3/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X	3	3	14	
237	5/25/2016	PFIJ MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	X	X			14	
237	5/27/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X	X	X	X	X	3	3	14	

RICO NO.	Date of Service	Provider	Patient Complaints			Cervical Sprain/Strain, Cervicalgia, Myofascitis	Lumbar Sprain/Strain, Low Back Pain, Myofascitis	Other Region	Treatment Plan					Billed Services: ROM/MMT	Treatment Plan: X-Ray Regions Referred	Treatment Plan: MRI Regions Referred	Billed Services: DME Items
			Neck Pain	Lower Back Pain	Pain Every Day				Physical Therapy	Billed Services: Physical Therapy	Treatment Plan: Synoptic NM Block	Billed Services: Synoptic TX	Treatment Plan: Computerized ROM/MMT				
238	5/26/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		14	
238	6/3/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X		X	X	X	2		14	
239	5/26/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	4		10	
239	5/27/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X		X	X	X	1		10	
240	6/2/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	4		14	
240	6/7/2016	RA MEDICAL SERVICES	X	X	X	X	X	X	X		X	X	X	4		14	
241	6/7/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		14	
247	7/8/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		13	
249	7/8/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		13	
250	7/11/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		13	
244	7/15/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	5		15	
253	7/25/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		15	
245	8/5/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		13	
251	8/5/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	5		14	
256	8/19/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X			15	
256	9/15/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X			14	
257	8/19/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		14	
257	9/15/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		14	
258	8/19/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X			14	
258	10/3/2016	JPF MEDICAL SERVICES PC	X	X	X	X	X	X	X		X	X	X			14	
243	8/22/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	A		10	
259	8/26/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	4		15	
259	9/16/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	15		15	
254	8/26/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	4		14	
254	10/7/2016	JPF MEDICAL SERVICES PC	X	X	X	X	X	X	X		X	X	X			14	
260	8/29/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		15	
260	9/19/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	1		15	
255	9/2/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		14	
242	9/9/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	4		15	
242	9/16/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	4		15	
242	11/1/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X			15	
263	9/26/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X			15	
264	9/26/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X			15	
264	11/16/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X			14	
265	9/26/2016	PJF MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	4		15	
265	11/4/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X			15	
266	10/3/2016	JPF MEDICAL SERVICES PC	X	X	X	X	X	X	X		X	X	X			15	
266	11/9/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X			15	
267	10/4/2016	JPF MEDICAL SERVICES PC	X	X	X	X	X	X	X		X	X	X			14	
268	10/7/2016	JPF MEDICAL SERVICES PC	X	X	X	X	X	X	X		X	X	X			14	
270	10/7/2016	JPF MEDICAL SERVICES PC	X	X	X	X	X	X	X		X	X	X			14	
271	10/7/2016	JPF MEDICAL SERVICES PC	X	X	X	X	X	X	X		X	X	X			14	
271	11/1/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		14	
272	10/10/2016	JPF MEDICAL SERVICES PC	X	X	X	X	X	X	X		X	X	X	2		14	
272	11/1/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	1		15	
273	10/21/2016	ALLAY MEDICAL SERVICES PC	X	X	X	X	X	X	X		X	X	X	2		15	
273	11/16/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X			14	
246	11/10/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	2		14	
274	12/14/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	1		14	
275	11/23/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		9	
275	12/1/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	2		14	
281	11/30/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		14	
281	12/2/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		14	
282	11/30/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	1		14	
282	12/1/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		14	
276	11/20/2016	IGL MEDICAL CARE PC	X	X	X	X	X	X	X		X	X	X	3		14	

Exhibit 2 - Medical Doctor Initial Evaluations

RICO NO.	Date of Service	Provider	Patient Complaints			Cervical Sprain/Strain, Cervicalgia, Myofascitis	Lumbar Sprain/Strain, Low Back Pain, Myofascitis	Other Region	Treatment Plan						Billed Services: DME Items
			Neck Pain	Lower Back Pain	Pain Every Day				Treatment Plan: Physical Therapy	Billed Services: Physical Therapy	Treatment Plan: Synoptic NM Block	Billed Services: Synoptic TX	Treatment Plan: ROM/MMT	Billed Services: Computerized ROM/MMT	
276	12/5/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	14
283	11/30/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	14
283	12/5/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	14
280	11/30/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	15
280	12/1/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	15
278	12/2/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	15
279	12/2/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	15
277	12/5/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	9
284	12/8/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	14
284	12/21/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	14
285	12/14/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	15
286	12/14/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	1
287	12/14/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	15
287	12/15/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	15
288	12/21/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X	X	7		X	14
289	12/28/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	9
289	12/29/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	9
290	12/28/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	9
292	12/28/2016	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	14
291	12/28/2016	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	12
291	1/12/2017	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	12
293	1/3/2017	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	13
293	1/25/2017	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	13
294	1/3/2017	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	14
295	1/3/2017	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	10
202	1/4/2017	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	14
202	1/9/2017	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	14
296	1/9/2017	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	10
296	1/25/2017	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	10
297	1/9/2017	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	10
298	1/9/2017	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	9
299	1/12/2017	JFL MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	13
300	1/25/2017	KP MEDICAL CARE PC	X	X	X	X	X	X	X	X		X		X	13

(A) Missing or incomplete initial evaluation.

Exhibit 3

RICO NO.	Physical Therapy Treatment			Hot Pack	Massage	Ther Ex	Bio	Laser
	1st DOS	Last DOS	DOS Count	97010	97124	97110	64550	97799
1	8/22/2013	10/16/2013	8	8	8	8	8	8
2	9/6/2013	2/26/2014	45	45	44	45	37	34
4	9/9/2013	12/9/2013	13	13	13	13	13	13
3	9/13/2013	2/7/2014	41	41	41	41	26	34
6	10/18/2013	4/24/2014	32	32	32	32	32	31
5	10/25/2013	3/17/2014	39	39	39	39	39	39
8	10/30/2013	3/7/2014	44	44	44	44	35	35
10	10/31/2013	8/1/2014	75	65	63	65	73	73
11	11/1/2013	4/28/2014	50	39	39	39	49	49
12	11/5/2013	5/16/2014	34	33	33	32	33	33
13	11/7/2013	4/23/2014	44	44	44	44	44	44
9	11/7/2013	11/27/2013	6	5	5	5	6	6
14	11/20/2013	12/10/2013	6	6	6	6	6	6
15	12/3/2013	4/8/2014	25	25	25	25	25	25
16	12/3/2013	5/7/2014	38	38	38	38	38	36
17	12/4/2013	1/7/2014	8	8	8	8	8	7
19	12/13/2013	12/13/2013	1	1	1	1	1	1
20	12/16/2013	1/7/2014	4	4	4	4	4	4
21	12/18/2013	2/20/2014	15	14	14	14	14	14
22	12/18/2013	2/20/2014	14	14	14	14	10	10
18	12/20/2013	1/15/2014	8	8	8	8	8	8
25	12/31/2013	2/6/2014	14	14	14	14	14	14
24	1/2/2014	3/24/2014	6	5	6	6		
23	1/7/2014	3/24/2014	8	8	8	8	7	8
26	1/8/2014	2/20/2014	14	13	14	13	13	14
27	1/8/2014	7/2/2014	22	22	22	22	22	22
29	1/8/2014	5/27/2014	37	37	36	36	37	37
30	1/15/2014	6/16/2015	69	68	68	68	61	69
31	1/17/2014	2/21/2014	9	9	9	9	9	9
32	1/20/2014	2/21/2014	12	12	12	12	9	9
33	1/20/2014	2/20/2014	12	12	12	12	12	12
35	1/27/2014	3/24/2014	18	18	18	18	18	18
36	1/27/2014	4/14/2014	23	23	23	23	20	23
34	1/28/2014	4/8/2014	16	16	16	16	16	16
28	1/29/2014	2/14/2014	5	5	5	5	5	5
37	1/29/2014	3/11/2014	12	12	12	12	12	12
41	2/6/2014	7/29/2014	29	29	29	29	29	29
40	2/7/2014	6/11/2014	37	23	23	23	37	37
38	2/10/2014	2/20/2014	4	4	4	4	4	4
43	2/10/2014	5/12/2014	19	19	19	18	19	19
44	2/10/2014	3/27/2014	15	15	15	15	15	15
39	2/12/2014	2/28/2014	7	7	7	7	7	7
45	2/28/2014	4/14/2014	11	11	11	11	11	11
46	2/28/2014	4/7/2014	12	12	12	12	12	12

RICO NO.	Physical Therapy Treatment			Hot Pack	Massage	Ther Ex	Bio	Laser
	1st DOS	Last DOS	DOS Count	97010	97124	97110	64550	97799
47	2/28/2014	4/14/2014	13	13	13	13	13	13
48	3/3/2014	3/28/2014	7	7	7	7	7	7
42	3/4/2014	6/18/2014	24	24	24	24	24	24
50	3/11/2014	6/30/2014	17	17	17	17	9	9
51	3/11/2014	9/25/2014	35	30	30	30	32	35
49	3/12/2014	3/26/2014	5	5	5	5	5	5
55	3/14/2014	4/1/2014	8	8	8	8	8	8
54	3/17/2014	4/3/2014	6	6	6	6	6	6
52	3/18/2014	10/21/2014	23	18	18	18	23	23
57	3/18/2014	4/3/2014	6	6	6	6	6	6
53	3/18/2014	5/14/2014	10	10	10	10	10	10
56	3/21/2014	4/1/2014	2	2	2	2		
58	3/25/2014	6/2/2014	13	13	13	13	13	10
59	3/25/2014	6/20/2014	15	14	15	15	15	15
60	4/1/2014	4/14/2014	5	5	5	5	5	5
61	4/8/2014	11/2/2015	24	24	24	24	22	24
62	4/11/2014	6/9/2015	58	41	41	40	53	49
67	4/11/2014	8/14/2015	35	35	35	35	14	34
63	4/15/2014	5/9/2014	10	10	10	10	10	10
65	4/29/2014	5/5/2014	2	2	2	2	2	2
66	4/30/2014	8/15/2014	17	14	14	14	14	14
70	5/1/2014	12/17/2014	19	19	19	19	19	19
71	5/19/2014	9/16/2014	31	31	31	31	21	30
72	5/22/2014	7/18/2014	16	10	10	10	16	16
73	5/23/2014	12/2/2014	32	10	10	10	20	29
74	5/29/2014	9/12/2014	25	25	25	25	25	25
77	6/4/2014	8/26/2014	13	11	11	11	12	11
78	6/4/2014	10/22/2014	38	37	38	38	38	38
79	6/4/2014	7/9/2014	9	8	9	9	9	7
75	6/5/2014	6/11/2014	3	3	3	3	3	3
76	6/6/2014	11/25/2014	23	22	23	23	18	19
81	6/12/2014	7/29/2015	28	28	28	28	28	28
82	6/23/2014	11/21/2014	13	13	13	13	13	13
69	7/3/2014	1/7/2015	16	16	16	16	15	13
83	7/3/2014	12/16/2015	23	22	22	22	21	22
84	7/10/2014	8/8/2014	12	12	12	12	12	12
85	7/11/2014	8/6/2014	12	12	12	12	12	12
87	7/21/2014	1/16/2015	41	41	41	41	35	35
89	7/21/2014	3/11/2015	42	42	42	42	40	32
92	8/11/2014	9/4/2014	11	9	9	9	6	6
86	8/11/2014	9/18/2014	5	5	5	5	5	5
93	8/13/2014	11/14/2014	24	24	24	24	24	24
96	8/27/2014	2/23/2015	29	29	29	29	29	29
97	8/27/2014	11/10/2014	18	17	17	17	17	17

	Physical Therapy Treatment			Hot Pack	Massage	Ther Ex	Bio	Laser
RICO NO.	1st DOS	Last DOS	DOS Count	97010	97124	97110	64550	97799
98	8/27/2014	10/2/2014	17	16	16	16	16	16
99	8/28/2014	4/22/2015	34	33	34	34	33	28
94	9/2/2014	10/8/2014	10	10	10	10	10	10
95	9/2/2014	10/8/2014	10	10	10	10	10	10
100	9/2/2014	2/18/2016	15	13	14	13	7	7
101	9/3/2014	11/4/2014	11	11	11	11	11	11
90	9/17/2014	9/17/2014	1	1	1	1	1	1
103	9/18/2014	11/28/2014	16	16	16	16	11	16
104	9/19/2014	1/13/2015	31	31	30	31	31	31
105	9/23/2014	10/24/2014	9	9	9	9	9	9
107	9/23/2014	1/30/2015	10	10	10	10	10	10
108	9/23/2014	11/25/2014	13	13	11	13	13	13
109	9/25/2014	1/15/2015	12	12	12	12	12	12
110	9/25/2014	1/21/2015	11	11	11	11	9	9
112	9/26/2014	12/5/2014	13	10	10	10	9	12
111	10/2/2014	10/22/2014	8	8	8	8	8	8
88	10/6/2014	7/16/2015	69	68	67	68	69	69
113	10/16/2014	12/4/2014	14	14	14	14	14	14
106	10/17/2014	2/3/2015	15	15	15	15	15	15
115	11/11/2014	1/8/2015	15	15	15	15	15	5
117	11/11/2014	1/8/2015	15	15	15	15	15	15
116	11/17/2014	1/20/2015	14	14	14	14	14	14
102	11/18/2014	12/10/2014	6	6	6	6	6	6
114	11/19/2014	2/12/2015	11	11	11	11	9	9
118	12/4/2014	2/24/2015	29	29	29	29	29	28
121	12/17/2014	1/21/2015	14	14	14	14	14	14
120	12/17/2014	1/12/2015	10	10	10	10	9	10
122	12/17/2014	3/2/2015	23	11	11	11	23	23
123	12/17/2014	1/23/2015	16	16	16	16	16	16
119	12/22/2014	1/19/2015	5	5	5	5	5	5
128	1/19/2015	2/25/2015	10	10	10	10	10	10
129	1/19/2015	3/5/2015	15	15	15	15	15	15
130	1/19/2015	2/19/2015	10	10	10	10	10	10
132	2/10/2015	6/10/2015	25	25	25	25	25	25
131	2/10/2015	5/15/2015	8	8	8	8	6	8
133	2/13/2015	4/29/2015	7	7	7	7	7	7
136	2/19/2015	5/20/2015	13	13	13	13	12	13
134	2/19/2015	2/25/2015	3	3	3	3	3	3
139	2/25/2015	10/7/2015	16	16	16	16	15	16
140	2/26/2015	7/22/2015	21	20	20	20	14	10
137	2/26/2015	12/8/2015	47	46	46	46	46	46
148	3/2/2015	3/26/2015	10	10	10	10	10	10
147	3/3/2015	3/26/2015	11	11	11	11	11	11
149	3/3/2015	3/26/2015	11	11	11	11	11	11

RICO NO.	Physical Therapy Treatment			Hot Pack	Massage	Ther Ex	Bio	Laser
	1st DOS	Last DOS	DOS Count	97010	97124	97110	64550	97799
146	3/3/2015	4/22/2015	10	10	10	10	10	10
143	3/4/2015	4/1/2015	11	11	11	11	11	11
151	3/6/2015	3/25/2015	5	5	5	5	5	5
150	3/10/2015	3/27/2015	9	9	9	9	9	9
145	3/30/2015	4/9/2015	5	5	5	5	5	5
138	4/2/2015	5/8/2015	5	5	5	5	5	5
135	4/2/2015	5/20/2015	6	6	6	6	6	6
142	4/21/2015	9/3/2015	21	21	20	21	21	17
141	4/21/2015	8/20/2015	20	20	20	20	19	20
153	4/23/2015	5/1/2015	5	5	5	5	5	5
154	4/30/2015	7/15/2015	16	16	16	16	16	16
156	4/30/2015	5/21/2015	8	7	7	7	7	7
158	5/7/2015	6/8/2015	4	4	4	4	4	4
159	5/11/2015	9/16/2015	38	38	38	38	37	33
157	5/19/2015	9/25/2015	33	31	32	32	33	32
161	5/20/2015	12/11/2015	28	26	26	26	25	28
160	5/26/2015	12/4/2015	54	49	49	49	49	54
162	5/27/2015	10/27/2015	31	31	31	31	31	31
164	6/9/2015	10/26/2015	26	23	23	23	24	25
125	7/1/2015	1/11/2016	57	57	57	57	52	56
166	7/13/2015	10/20/2015	16	16	16	16	16	12
167	7/9/2015	9/8/2015	18	18	18	18	18	19
165	7/20/2015	7/20/2015	1	1	1	1	1	1
169	7/24/2015	10/7/2015	28	21	21	21	28	28
170	8/3/2015	10/28/2015	10	10	10	10	10	10
172	8/11/2015	9/24/2015	14	14	14	14	14	13
174	8/25/2015	10/30/2015	10	10	10	10	10	10
173	9/8/2015	3/24/2016	13	13	13	13	13	13
176	9/14/2015	1/26/2016	43	43	43	43	43	43
177	9/16/2015	10/9/2015	8	8	8	8	8	8
127	9/16/2015	6/23/2016	95	95	95	95	95	95
175	9/16/2015	10/15/2015	8	8	8	8	7	8
178	10/14/2015	7/28/2016	87	84	84	84	85	86
124	11/11/2015	1/12/2016	11	11	11	11	11	11
182	11/11/2015	11/11/2015	1	1	1	1	1	1
181	11/16/2015	3/1/2016	18	18	18	18	18	18
183	11/16/2015	3/15/2016	19	19	19	19	19	19
184	11/17/2015	12/2/2015	5	5	5	5	5	5
185	11/17/2015	2/24/2016	22	22	22	22	22	22
186	11/17/2015	1/6/2016	16	16	16	16	16	16
187	11/19/2015	2/18/2016	29	29	29	29	29	29
188	12/3/2015	12/28/2015	8	8	8	8	8	3
190	12/18/2015	3/3/2016	23	21	22	22	22	22
191	12/18/2015	5/20/2016	38	38	38	38	38	38

	Physical Therapy Treatment			Hot Pack	Massage	Ther Ex	Bio	Laser
RICO NO.	1st DOS	Last DOS	DOS Count	97010	97124	97110	64550	97799
126	12/22/2015	3/1/2016	19	11	11	11	19	19
189	12/23/2015	3/3/2016	17	17	17	17	16	17
192	1/8/2016	5/20/2016	18	18	18	18	8	18
193	1/8/2016	5/20/2016	20	13	13	13	18	9
194	1/11/2016	3/11/2016	21	21	21	21	21	21
196	1/11/2016	3/31/2016	21	21	21	21	21	21
197	1/11/2016	3/15/2016	19	19	19	19	19	19
195	1/13/2016	4/6/2016	25	25	25	24	15	25
199	1/25/2016	3/23/2016	19	19	19	19	19	19
200	1/25/2016	2/10/2016	8	8	8	8	8	8
201	1/25/2016	4/6/2016	32	32	31	32	32	32
198	1/26/2016	3/16/2016	11	11	11	11	10	11
203	1/26/2016	4/8/2016	20	20	20	20	20	20
205	1/28/2016	5/12/2016	27	27	27	27	27	27
204	1/29/2016	3/16/2016	7	7	7	7		
206	2/24/2016	4/13/2016	15	15	15	15	15	15
207	2/24/2016	4/13/2016	15	15	15	15	15	15
208	2/24/2016	4/11/2016	17	17	17	17	17	17
209	2/26/2016	3/9/2016	6	6	6	6	6	6
211	3/9/2016	5/11/2016	18	18	18	18	18	18
212	3/11/2016	6/10/2016	16	16	16	16	16	16
210	3/14/2016	6/2/2016	28	27	27	27	27	27
216	3/16/2016	8/5/2016	21	21	21	21	21	21
213	3/17/2016	4/13/2016	11	11	11	11	11	11
215	3/17/2016	7/13/2016	34	34	34	34	34	34
217	3/23/2016	1/26/2017	36	35	36	36	36	36
218	3/23/2016	7/27/2016	20	20	20	20	20	20
220	3/25/2016	5/19/2016	17	17	17	17	17	16
219	4/7/2016	5/12/2016	5	5	5	5	5	5
228	4/15/2016	5/3/2016	8	8	8	8		8
227	4/18/2016	4/26/2016	5	5	5	5	4	5
229	4/18/2016	1/18/2017	41	37	37	37	41	41
226	4/18/2016	6/2/2016	13	13	13	13	13	13
230	4/19/2016	5/2/2016	6	6	6	6	6	6
225	4/20/2016	10/10/2016	22	22	22	22	22	22
231	4/21/2016	1/18/2017	26	26	26	26	26	26
232	5/17/2016	8/25/2016	26	25	26	26		
233	5/17/2016	8/17/2016	16	16	16	16	16	16
234	5/18/2016	10/18/2016	24	17	17	17	17	24
235	5/19/2016	12/20/2016	87	86	86	86	85	85
236	5/26/2016	1/11/2017	52	52	52	52	52	52
239	5/27/2016	6/3/2016	4	4	4	4	4	4
237	5/27/2016	7/12/2016	17	17	16	17	17	17
238	5/31/2016	6/30/2016	15	15	15	15	15	15

	Physical Therapy Treatment			Hot Pack	Massage	Ther Ex	Bio	Laser
RICO NO.	1st DOS	Last DOS	DOS Count	97010	97124	97110	64550	97799
241	6/10/2016	7/15/2016	9	9	9	9		
240	6/10/2016	7/15/2016	9	9	9	9	9	9
245	6/30/2016	10/25/2016	20	20	20	20	20	20
246	6/30/2016	11/23/2016	22	22	22	22	16	22
247	7/12/2016	7/19/2016	4	4	4	4	4	4
248	7/12/2016	9/7/2016	16	16	16	16	16	16
249	7/12/2016	7/22/2016	4	4	4	4	4	4
250	7/12/2016	8/9/2016	11	11	11	11	7	7
251	7/13/2016	7/19/2016	4	4	4	4	4	4
253	7/18/2016	9/14/2016	26	25	26	25	26	26
244	7/27/2016	9/19/2016	9	9	9	9	9	9
254	8/12/2016	11/17/2016	33	32	32	32	32	32
255	8/17/2016	10/10/2016	15	15	15	15	15	15
256	8/19/2016	10/14/2016	22	22	22	22	22	22
257	8/19/2016	9/28/2016	15	14	14	14	14	14
258	8/22/2016	10/10/2016	8	8	8	8	2	8
243	8/25/2016	9/29/2016	3	3	3	3	3	3
260	8/26/2016	11/23/2016	24	24	24	24	24	24
259	8/29/2016	10/3/2016	10	10	10	10	10	10
262	9/8/2016	11/21/2016	17	17	17	17	17	17
242	9/12/2016	1/26/2017	39	39	39	39	39	32
263	9/28/2016	1/23/2017	20	20	20	20	20	20
265	9/28/2016	11/21/2016	15	15	15	15	15	15
264	9/29/2016	1/16/2017	16	16	16	16	16	16
266	10/4/2016	1/13/2017	21	21	21	21	21	21
267	10/5/2016	10/10/2016	2	2	2	2	2	2
268	10/6/2016	12/5/2016	15	15	15	15	15	15
270	10/7/2016	11/16/2016	9	9	9	9	9	9
271	10/10/2016	1/20/2017	40	40	40	40	40	40
272	10/12/2016	1/6/2017	29	29	29	29	29	29
273	10/24/2016	1/18/2017	38	38	38	38	38	38
275	11/25/2016	12/29/2016	10	10	10	10	10	10
281	12/1/2016	1/18/2017	18	17	18	16	17	17
282	12/1/2016	12/27/2016	4	1	1	1	4	1
283	12/1/2016	1/17/2017	16	16	16	16	15	16
280	12/1/2016	1/25/2017	13	13	13	13	13	13
276	12/2/2016	1/26/2017	24	24	24	24	24	24
278	12/5/2016	1/16/2017	10	10	10	10	10	10
279	12/5/2016	1/13/2017	9	9	9	9	9	9
277	12/6/2016	12/19/2016	4	4	4	4	3	3
274	12/7/2016	12/28/2016	6	6	6	6	6	6
284	12/12/2016	1/19/2017	16	16	16	16	16	16
285	12/15/2016	1/24/2017	12	12	12	12	12	12
286	12/15/2016	1/27/2017	10	10	10	10	10	10

	Physical Therapy Treatment			Hot Pack	Massage	Ther Ex	Bio	Laser
RICO NO.	1st DOS	Last DOS	DOS Count	97010	97124	97110	64550	97799
287	12/15/2016	1/26/2017	8	8	8	8	8	8
288	12/20/2016	1/27/2017	7	7	7	7	7	7
289	12/29/2016	1/9/2017	6	6	6	6	6	6
292	12/30/2016	1/18/2017	8	7	8	7	7	7
290	1/3/2017	1/23/2017	8	8	8	8		
291	1/3/2017	1/27/2017	12	12	12	12	12	12
294	1/4/2017	1/26/2017	10	10	10	10	10	10
293	1/5/2017	1/25/2017	10	10	10	10	10	10
295	1/5/2017	1/26/2017	8	8	8	8	8	8
202	1/6/2017	1/26/2017	8	8	8	8	8	8
296	1/10/2017	1/25/2017	8	2	2	2	8	8
297	1/10/2017	1/26/2017	7	7	7	7	7	7
298	1/11/2017	1/26/2017	6	6	6	6	6	6
299	1/13/2017	1/25/2017	5	5	5	5	5	5

Exhibit 4

Exhibit 4 - Chiropractic Initial Evaluations

RICO NO.	Provider	Date of Service	Patient Complaints			Physical Exam Findings			Segmental Joint Dysfunction DX			Sprain Diagnosis			Treatment Plan Recommendations				Referral for X-Ray/MRI
			Neck Pain	Middle Back Pain	Low Back Pain	No Numbness/Tingling Weakness	Paraspinal Tenderness	Positive Ortho Tests	Cervical	Thoracic	Lumbar	Cervical	Thoracic	Lumbar	Chiro Manipulative Therapy 3 times per week	Re-Exam	Small Pain Fiber Test	Ther Ex.	
3	DARREN T MOLLO	9/4/2013	X	X	X		X	X	X		X	X			X	X	X		X
4	DARREN T MOLLO	9/5/2013		X	X		X	X			X				X	X	X		X
2	DARREN T MOLLO	9/12/2013			X	X	X	X	X		X		X		X	X	X		X
5	DARREN T MOLLO	10/15/2013	X	X	X		X	X	X		X				X		X		X
6	DARREN T MOLLO	10/21/2013	X	X	X		X	X	X		X				X		X		X
7	DARREN T MOLLO	10/22/2013	X	X	X		X	X	X		X				X	X	X		X
8	DARREN T MOLLO	10/30/2013	X		X	X	X	X	X		X				X		X		X
9	DARREN T MOLLO	10/30/2013	X	X	X		X	X	X		X				X		X		X
10	DARREN T MOLLO	11/1/2013		X	X	X	X	X	X		X				X	X	X		X
12	DARREN T MOLLO	11/1/2013	X	X	X		X	X	X		X				X		X		X
11	DARREN T MOLLO	11/4/2013			X	X	X	X	X		X				X	X	X		X
13	DARREN T MOLLO	11/8/2013	X		X	X	X	X	X		X				X	X	X		X
14	DARREN T MOLLO	11/26/2013	X		X		X	X	X		X				X	X	X		X
15	DARREN T MOLLO	12/5/2013	X		X	X	X	X	X		X				X	X	X		X
16	DARREN T MOLLO	12/5/2013	X	X	X	X	X	X	X		X				X	X	X		X
18	DARREN T MOLLO	12/9/2013	X		X	X	X	X	X		X				X	X	X		X
19	DARREN T MOLLO	12/11/2013	X	X	X		X	X	X		X				X	X	X		X
20	DARREN T MOLLO	12/16/2013	X	X	X	X	X	X	X		X				X				
21	DARREN T MOLLO	12/18/2013	X		X	X	X	X	X		X				X				
22	DARREN T MOLLO	12/18/2013	X	X	X	X	X	X	X		X				X	X	X		X
23	DARREN T MOLLO	12/26/2013			X		X	X	X		X				X	X	X		X
25	DARREN T MOLLO	12/31/2013	X		X	X	X	X	X		X				X	X	X		X
17	DARREN T MOLLO	1/7/2014			X		X	X	X		X				X	X	X		X
26	DARREN T MOLLO	1/7/2014	X		X	X	X	X	X		X				X	X	X		X
27	DARREN T MOLLO	1/7/2014	X		X	X	X	X	X		X				X	X	X		X
29	DARREN T MOLLO	1/7/2014	X		X	X	X	X	X		X				X	X	X		X
33	DARREN T MOLLO	1/17/2014	X	X	X	X	X	X	X		X				X	X	X		X
31	DARREN T MOLLO	1/17/2014	X	X	X	X	X	X	X		X				X	X	X		X
28	DARREN T MOLLO	1/20/2014	A	A	A	A	A	A	A		A				A	A	A	A	A
32	DARREN T MOLLO	1/23/2014	X	X	X	X	X	X	X		X				X	X	X	X	X
35	DARREN T MOLLO	1/24/2014	X		X	X	X	X	X		X				X	X	X	X	X
36	DARREN T MOLLO	1/24/2014	X	X	X	X	X	X	X		X				X	X	X	X	X
37	DARREN T MOLLO	1/28/2014	X	X	X	X	X	X	X		X				X	X	X	X	X
34	DARREN T MOLLO	1/29/2014			X	X	X	X	X		X				X	X	X	X	X
39	DARREN T MOLLO	2/5/2014	X	X	X	X	X	X	X		X				X	X	X	X	X
41	DARREN T MOLLO	2/5/2014	X	X	X	X	X	X	X		X				X	X	X	X	X
40	DARREN T MOLLO	2/5/2014	X	X	X	X	X	X	X		X				X	X	X	X	X
42	DARREN T MOLLO	2/5/2014	A	A	A	A	A	A	A		A				A	A	A	A	A
44	DARREN T MOLLO	2/10/2014	X		X	X	X	X	X		X				X	X	X	X	X
38	DARREN T MOLLO	2/11/2014	X		X	X	X	X	X		X				X	X	X	X	X
43	DARREN T MOLLO	2/11/2014	X	X	X	X	X	X	X		X				X	X	X	X	X
46	DARREN T MOLLO	2/27/2014	X			X	X	X	X		X				X	X	X	X	X
47	DARREN T MOLLO	2/27/2014	X	X	X	X	X	X	X		X				X	X	X	X	X

Exhibit 4 - Chiropractic Initial Evaluations

RICO NO.	Provider	Date of Service	Patient Complaints			Physical Exam Findings			Segmental Joint Dysfunction DX			Sprain Diagnosis			Treatment Plan Recommendations				Referral for X-Ray/MRI
			Neck Pain	Middle Back Pain	Low Back Pain	No Numbness/Tingling Weakness	Paraspinal Tenderness	Positive Ortho Tests	Cervical	Thoracic	Lumbar	Cervical	Thoracic	Lumbar	Chiro Manipulative Therapy 3 times per week	Re-Exam	Small Pain Fiber Test	Ther Ex.	
48	DARREN T MOLLO	2/27/2014	X			X	X	X	X	X	X	X			X	X	X		X
49	DARREN T MOLLO	2/27/2014	X			X	X	X	X	X	X	X			X	X	X		X
50	DARREN T MOLLO	3/11/2014	X			X	X	X	X	X	X	X			X	X	X		X
51	DARREN T MOLLO	3/12/2014	X			X	X	X	X	X	X	X			X	X	X		X
52	DARREN T MOLLO	3/12/2014	X			X	X	X	X	X	X	X			X	X	X		X
53	DARREN T MOLLO	3/12/2014	X			X	X	X	X	X	X	X			X	X	X		X
54	DARREN T MOLLO	3/12/2014	X			X	X	X	X	X	X	X			X	X	X		X
55	DARREN T MOLLO	3/14/2014	X			X	X	X	X	X	X	X			X	X	X		X
56	DARREN T MOLLO	3/14/2014	X			X	X	X	X	X	X	X			X	X	X		X
57	DARREN T MOLLO	3/17/2014	X			X	X	X	X	X	X	X			X	X	X		X
58	ISLAND LIFE CHIROPRACTIC	3/19/2014	X			X	X	X	X	X	X	X			X	X	X		X
59	DARREN T MOLLO	3/20/2014	X			X	X	X	X	X	X	X			X	X	X		X
60	DARREN T MOLLO	3/20/2014	X			X	X	X	X	X	X	X			X	X	X		X
61	DARREN T MOLLO	3/21/2014	X			X	X	X	X	X	X	X			X	X	X		X
62	DARREN T MOLLO	4/1/2014	X			X	X	X	X	X	X	X			X	X	X		X
63	DARREN T MOLLO	4/10/2014	X			X	X	X	X	X	X	X			X	X	X		X
64	DARREN T MOLLO	4/10/2014	X			X	X	X	X	X	X	X			X	X	X		X
65	DARREN T MOLLO	4/11/2014	X			X	X	X	X	X	X	X			X	X	X		X
66	DARREN T MOLLO	4/11/2014	X			X	X	X	X	X	X	X			X	X	X		X
67	DARREN T MOLLO	4/11/2014	X			X	X	X	X	X	X	X			X	X	X		X
68	DARREN T MOLLO	4/16/2014	X			X	X	X	X	X	X	X			X	X	X		X
69	DARREN T MOLLO	4/22/2014	X			X	X	X	X	X	X	X			X	X	X		X
70	DARREN T MOLLO	5/1/2014	X			X	X	X	X	X	X	X			X	X	X		X
71	DARREN T MOLLO	5/20/2014	X			X	X	X	X	X	X	X			X	X	X		X
72	DARREN T MOLLO	5/27/2014	X			X	X	X	X	X	X	X			X	X	X		X
73	DARREN T MOLLO	6/3/2014	X			X	X	X	X	X	X	X			X	X	X		X
74	DARREN T MOLLO	6/3/2014	X			X	X	X	X	X	X	X			X	X	X		X
75	DARREN T MOLLO	6/3/2014	X			X	X	X	X	X	X	X			X	X	X		X
76	DARREN T MOLLO	6/3/2014	X			X	X	X	X	X	X	X			X	X	X		X
77	DARREN T MOLLO	6/10/2014	X			X	X	X	X	X	X	X			X	X	X		X
78	DARREN T MOLLO	6/10/2014	X			X	X	X	X	X	X	X			X	X	X		X
79	DARREN T MOLLO	6/17/2014	X			X	X	X	X	X	X	X			X	X	X		X
80	DARREN T MOLLO	7/10/2014	A			A	A	A	A	A	A	A			A	A	A		A
81	DARREN T MOLLO	7/10/2014	A			A	A	A	A	A	A	A			A	A	A		A
82	DARREN T MOLLO	7/15/2014	X			X	X	X	X	X	X	X			X	X	X		X
83	DARREN T MOLLO	7/15/2014	A			A	A	A	A	A	A	A			A	A	A		A
84	DARREN T MOLLO	7/17/2014	X			X	X	X	X	X	X	X			X	X	X		X
85	DARREN T MOLLO	7/22/2014	X			X	X	X	X	X	X	X			X	X	X		X
86	DARREN T MOLLO	7/31/2014	X			X	X	X	X	X	X	X			X	X	X		X
87	DARREN T MOLLO	8/12/2014	X			X	X	X	X	X	X	X			X	X	X		X
88	DARREN T MOLLO	8/21/2014	X			X	X	X	X	X	X	X			X	X	X		X
89	DARREN T MOLLO	8/21/2014	X			X	X	X	X	X	X	X			X	X	X		X
90	DARREN T MOLLO	8/21/2014	X			X	X	X	X	X	X	X			X	X	X		X
91	DARREN T MOLLO	8/21/2014	X			X	X	X	X	X	X	X			X	X	X		X
92	DARREN T MOLLO	8/21/2014	X			X	X	X	X	X	X	X			X	X	X		X
93	DARREN T MOLLO	8/21/2014	X			X	X	X	X	X	X	X			X	X	X		X
94	DARREN T MOLLO	8/21/2014	X			X	X	X	X	X	X	X			X	X	X		X
95	DARREN T MOLLO	8/21/2014	X			X	X	X	X	X	X	X			X	X	X		X
96	DARREN T MOLLO	8/21/2014	A			A	A	A	A	A	A	A			A	A	A		A
97	DARREN T MOLLO	8/26/2014	X			X	X	X	X	X	X	X			X	X	X		X
98	DARREN T MOLLO	8/26/2014	X			X	X	X	X	X	X	X			X	X	X		X
99	DARREN T MOLLO	9/2/2014	X			X	X	X	X	X	X	X			X	X	X		X

Exhibit 4 - Chiropractic Initial Evaluations

RICO NO.	Provider	Date of Service	Patient Complaints			Physical Exam Findings				Segmental Joint Dysfunction DX			Sprain Diagnosis			Treatment Plan Recommendations				Referral for X-Ray/MRI
			Neck Pain	Middle Back Pain	Low Back Pain	No Numbness/Tingling Weakness	Paraspinal Tenderness	Positive Ortho Tests	Cervical	Thoracic	Lumbar	Hip	Cervical	Thoracic	Lumbar	Chiro Manipulative Therapy 3 times per week	Re-Exam	Small Pain Fiber Test	Ther Ex.	
100	DARREN T MOLLO	9/2/2014	X		X	X	X	X	X	X	X	X	X		X	X	X	X		
101	DARREN T MOLLO	9/3/2014	X	X		X	X		X	X	X	X	X		X	X	X	X		
102	DARREN T MOLLO	9/16/2014	X						X	X	X	X	X	X		X	X	X		
105	DARREN T MOLLO	9/22/2014	X		X	X	X	X	X	X	X		X		X	X	X	X		
106	DARREN T MOLLO	9/22/2014	X		X	X	X	X	X	X	X	X	X		X	X	X	X		
107	DARREN T MOLLO	9/22/2014		X		X	X	X	X	X	X	X	X		X	X				
108	DARREN T MOLLO	9/22/2014	X		X	X	X	X	X	X	X	X	X		X	X	X	X		
104	DARREN T MOLLO	9/25/2014	A	A	A	A	X	X	X	X	X		X		X	X	X	X		
114	DARREN T MOLLO	9/30/2014	X	X		X		X	X	X	X		X		X	X	X	X		
103	DARREN T MOLLO	10/1/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X		
111	DARREN T MOLLO	10/1/2014			X	X	X	X		X	X	X			X	X	X	X		
99	DARREN T MOLLO	10/2/2014	X		X		X	X		X	X	X			X	X	X	X		
113	DARREN T MOLLO	10/27/2014		X	X		X	X								X	X	X		
112	DARREN T MOLLO	10/29/2014	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
115	DARREN T MOLLO	11/7/2014	X	X		X	X	X	X	X	X		X		X	X	X	X		
116	DARREN T MOLLO	11/12/2014			X	X	X	X		X	X	X			X	X	X	X		
117	DARREN T MOLLO	11/12/2014	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
30	DARREN T MOLLO	12/12/2014			X	X	X	X												
121	DARREN T MOLLO	12/17/2014			X	X	X	X		X	X	X				X	X	X		
122	DARREN T MOLLO	12/17/2014	X		X		X	X	X	X	X					X	X	X		
123	DARREN T MOLLO	12/17/2014	X				X	X								X	X	X		
120	DARREN T MOLLO	12/22/2014	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
110	DARREN T MOLLO	1/15/2015	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
129	DARREN T MOLLO	1/16/2015	X	X			X	X	X	X	X	X	X	X	X	X	X	X		
131	DARREN T MOLLO	1/16/2015	X		X		X	X	X	X	X	X	X	X	X	X	X	X		
128	DARREN T MOLLO	1/16/2015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X		
130	DARREN T MOLLO	1/19/2015	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X		
133	DARREN T MOLLO	2/9/2015	X		X		X	X	X	X	X	X	X	X	X	X	X	X		
134	DARREN T MOLLO	2/11/2015	X		X		X	X	X	X	X	X	X	X	X	X	X	X		
135	DARREN T MOLLO	2/18/2015		X	X	X	X	X	X	X	X	X			X	X	X			
136	DARREN T MOLLO	2/18/2015	X		X	X	X	X	X	X	X	X	X		X	X	X			
132	DARREN T MOLLO	2/19/2015			X		X	X	X	X	X	X	X	X	X	X	X	X		
139	DARREN T MOLLO	2/23/2015	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X		
141	DARREN T MOLLO	2/24/2015	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X		
137	DARREN T MOLLO	2/25/2015	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X		
142	DARREN T MOLLO	2/26/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
143	DARREN T MOLLO	2/26/2015	X	X		X	X	X	X	X	X		X	X	X	X	X	X		
144	DARREN T MOLLO	2/26/2015	X		X	X	X	X	X	X	X		X	X	X	X	X	X		
145	DARREN T MOLLO	2/26/2015	X	X		X	X	X	X	X	X		X	X	X	X	X	X		
146	DARREN T MOLLO	2/26/2015	X		X	X	X	X	X	X	X		X	X	X	X	X	X		
138	DARREN T MOLLO	2/27/2015			X	X	X	X	X	X	X	X	X		X	X	X	X		
148	DARREN T MOLLO	2/27/2015		X	X	X	X	X	X	X	X	X	X		X	X	X	X		
149	DARREN T MOLLO	3/2/2015	X			X	X	X	X	X	X	X	X	X	X	X	X	X		
150	DARREN T MOLLO	3/6/2015			X	X	X	X	X	X	X	X	X	X	X	X	X	X		

Exhibit 4 - Chiropractic Initial Evaluations

RICO NO.	Provider	Date of Service	Patient Complaints			Physical Exam Findings			Segmental Joint Dysfunction DX			Sprain Diagnosis			Treatment Plan Recommendations				Referral for X-Ray/MRI
			Neck Pain	Middle Back Pain	Low Back Pain	No Numbness/Tingling Weakness	Paraspinal Tenderness	Positive Ortho Tests	Cervical	Thoracic	Lumbar	Cervical	Thoracic	Lumbar	Chiro Manipulative Therapy 3 times per week	Re-Exam	Small Pain Fiber Test	Ther Ex.	
61	DARREN T MOLLO	3/11/2015	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
152	DARREN T MOLLO	3/12/2015	X	X	X		X	X	X	X	X	X	X	X	X		X		
140	DARREN T MOLLO	3/12/2015	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
147	DARREN T MOLLO	3/18/2015	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
153	DARREN T MOLLO	4/24/2015			X	X	X	X	X	X	X				X	X	X		
157	DARREN T MOLLO	5/1/2015	X	X	X	X	X	X	X	X	X	X			X	X	X		
155	DARREN T MOLLO	5/1/2015	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
154	DARREN T MOLLO	5/2/2015	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
156	DARREN T MOLLO	5/8/2015	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
160	DARREN T MOLLO	5/27/2015		X	X	X	X	X	X	X	X	X	X	X	X	X	X		
158	DARREN T MOLLO	6/7/2015	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
83	DARREN T MOLLO	6/12/2015			X	X	X	X	X	X	X				X	X	X		
164	DARREN T MOLLO	7/1/2015	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
165	DARREN T MOLLO	7/8/2015			X		X	X	X	X	X				X	X	X		
167	DARREN T MOLLO	7/8/2015	X		X		X	X	X	X	X	X	X	X	X	X	X		
166	DARREN T MOLLO	7/10/2015	X		X		X	X	X	X	X	X	X	X	X	X	X		
161	DARREN T MOLLO	7/13/2015		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
162	DARREN T MOLLO	7/15/2015	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
125	DARREN T MOLLO	7/20/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
169	DARREN T MOLLO	8/12/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
172	DARREN T MOLLO	8/14/2015	X	X	X	X	X	X	X	X	X				X	X	X		
173	DARREN T MOLLO	8/17/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
174	DARREN T MOLLO	8/17/2015	X	X	X	X	X	X	X	X	X	X			X	X	X		
171	DARREN T MOLLO	8/26/2015	X	X	X	X	X	X	X	X	X	X			X	X	X		
170	DARREN T MOLLO	9/4/2015		X	X	X	X	X	X	X	X				X	X	X		
176	ISLAND LIFE CHIROPRACTIC	9/9/2015	X						X	X	X				X	X	X		
177	DARREN T MOLLO	9/16/2015			X		X	X	X	X	X				X	X	X		X
127	DARREN T MOLLO	9/16/2015		X	X	X	X	X	X	X	X				X	X	X		
175	DARREN T MOLLO	9/16/2015		X	X	X	X	X	X	X	X				X	X	X		
181	ACH CHIROPRACTIC	11/9/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
182	ACH CHIROPRACTIC	11/9/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
183	ACH CHIROPRACTIC	11/9/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
186	ACH CHIROPRACTIC	11/16/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
184	ACH CHIROPRACTIC	11/16/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
187	ACH CHIROPRACTIC	11/18/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
188	ACH CHIROPRACTIC	11/30/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
189	ACH CHIROPRACTIC	12/15/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
190	ACH CHIROPRACTIC	12/22/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
191	ACH CHIROPRACTIC	1/7/2016		X	X		X	X	X	X	X	X	X	X	X	X	X		X
194	ACH CHIROPRACTIC	1/8/2016	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X
195	ACH CHIROPRACTIC	1/8/2016		X	X		X	X	X	X	X	X	X	X	X	X	X		X
197	ACH CHIROPRACTIC	1/8/2016			X	X	X	X	X	X	X	X	X	X	X	X	X		X
192	ACH CHIROPRACTIC	1/8/2016	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X
193	ACH CHIROPRACTIC	1/8/2016	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X
198	ACH CHIROPRACTIC	1/20/2016		X	X	X	X	X	X	X	X	X	X	X	X	X	X		X

Exhibit 4 - Chiropractic Initial Evaluations

RICO NO.	Provider	Date of Service	Patient Complaints			Physical Exam Findings			Segmental Joint Dysfunction DX			Sprain Diagnosis			Treatment Plan Recommendations				Referral for X-Ray/MRI
			Neck Pain	Middle Back Pain	Low Back Pain	No Numbness/Tingling Weakness	Paraspinal Tenderness	Positive Ortho Tests	Cervical	Thoracic	Lumbar	Cervical	Thoracic	Lumbar	Chiro Manipulative Therapy 3 times per week	Re-Exam	Small Pain Fiber Test	Ther Ex.	
196	ACH CHIROPRACTIC	1/20/2016		X	X	X		X					X		X				X
199	ACH CHIROPRACTIC	1/22/2016																	
200	ACH CHIROPRACTIC	1/22/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
201	ACH CHIROPRACTIC	1/22/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
203	ACH CHIROPRACTIC	1/27/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
205	ACH CHIROPRACTIC	1/28/2016	X		X	X	X	X	X	X	X	X	X	X	X	X			X
206	ACH CHIROPRACTIC	2/22/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
207	ACH CHIROPRACTIC	2/22/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
208	ACH CHIROPRACTIC	2/22/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
209	ACH CHIROPRACTIC	2/22/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
210	ACH CHIROPRACTIC	3/7/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
211	ACH CHIROPRACTIC	3/7/2016	X	X	X		X	X	X	X	X	X	X	X	X		X		X
212	ACH CHIROPRACTIC	3/7/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
213	ACH CHIROPRACTIC	3/9/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
215	ACH CHIROPRACTIC	3/18/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
217	ACH CHIROPRACTIC	3/21/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
218	ACH CHIROPRACTIC	3/21/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
219	ACH CHIROPRACTIC	3/21/2016			X	X	X	X	X	X	X	X	X	X	X		X		X
220	ACH CHIROPRACTIC	3/23/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
221	ACH CHIROPRACTIC	3/29/2016	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X
222	ACH CHIROPRACTIC	3/29/2016	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X
223	ACH CHIROPRACTIC	3/31/2016	X		X	X	X	X	X	X	X	X	X	X	X	X			X
224	ACH CHIROPRACTIC	4/1/2016	X		X	X	X	X	X	X	X	X	X	X	X	X			X
225	ACH CHIROPRACTIC	4/4/2016		X	X	X	X	X	X	X	X	X	X	X	X		X		X
228	ACH CHIROPRACTIC	4/15/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
229	ACH CHIROPRACTIC	4/15/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
226	ACH CHIROPRACTIC	4/18/2016		X	X	X	X	X	X	X	X	X	X	X	X		X		X
231	ACH CHIROPRACTIC	4/19/2016	X		X	X	X	X	X	X	X	X	X	X	X	X			X
227	ACH CHIROPRACTIC	4/19/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
230	ACH CHIROPRACTIC	4/19/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
234	ACH CHIROPRACTIC	5/16/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
235	ACH CHIROPRACTIC	5/18/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
233	ACH CHIROPRACTIC	5/18/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
232	ACH CHIROPRACTIC	5/23/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
236	ACH CHIROPRACTIC	5/25/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
237	ACH CHIROPRACTIC	5/25/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
239	ACH CHIROPRACTIC	6/2/2016	X		X	X	X	X	X	X	X	X	X	X	X	X			X
240	ACH CHIROPRACTIC	6/2/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
241	ACH CHIROPRACTIC	6/3/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
244	ACH CHIROPRACTIC	6/22/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
248	ACH CHIROPRACTIC	7/8/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
247	ACH CHIROPRACTIC	7/15/2016	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X
245	ACH CHIROPRACTIC	7/20/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
246	ACH CHIROPRACTIC	7/20/2016	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
249	ACH CHIROPRACTIC	7/22/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
255	ACH CHIROPRACTIC	8/17/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X
256	ACH CHIROPRACTIC	8/18/2016	X		X	X	X	X	X	X	X	X	X	X	X		X		X

Exhibit 4 - Chiropractic Initial Evaluations

RICO NO.	Provider	Date of Service	Patient Complaints			Physical Exam Findings			Segmental Joint Dysfunction DX			Sprain Diagnosis			Treatment Plan Recommendations				Referral for X-Ray/MRI
			Neck Pain	Middle Back Pain	Low Back Pain	No Numbness Tingling Weakness	Paraspinal Tenderness	Positive Ortho Tests	Cervical	Thoracic	Lumbar	Cervical	Thoracic	Lumbar	Chiro Manipulative Therapy 3 times per week	Re-Exam	Small Pain Fiber Test	Ther Ex.	
257	ACH CHIROPRACTIC	8/18/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
258	ACH CHIROPRACTIC	8/18/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
259	ACH CHIROPRACTIC	8/24/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
260	ACH CHIROPRACTIC	8/29/2016	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
262	ACH CHIROPRACTIC	9/7/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
242	ACH CHIROPRACTIC	9/9/2016	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
243	ACH CHIROPRACTIC	9/15/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
265	ACH CHIROPRACTIC	9/26/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
263	ACH CHIROPRACTIC	9/26/2016			X	blank	X	X	X	X	X	X	X	X	X	X	X		X
264	ACH CHIROPRACTIC	9/29/2016			X	blank	X	X	X	X	X	X	X	X	X	X	X		X
266	ACH CHIROPRACTIC	10/5/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
267	ACH CHIROPRACTIC	10/5/2016	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
268	ACH CHIROPRACTIC	10/5/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
270	ACH CHIROPRACTIC	10/6/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
271	ACH CHIROPRACTIC	10/7/2016	X	X		X	X	X	X	X	X	X	X	X	X	X	X		X
272	ACH CHIROPRACTIC	10/10/2016	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
273	ACH CHIROPRACTIC	10/21/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
276	ENERGY CHIROPRACTIC	11/30/2016	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
283	ENERGY CHIROPRACTIC	11/30/2016	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X
274	ENERGY CHIROPRACTIC	11/30/2016	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X
280	ENERGY CHIROPRACTIC	11/30/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
277	ENERGY CHIROPRACTIC	12/5/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
278	ENERGY CHIROPRACTIC	12/5/2016		X	X		X	X	X	X	X	X	X	X	X	X	X		X
279	ENERGY CHIROPRACTIC	12/5/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
281	ENERGY CHIROPRACTIC	12/14/2016		X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
285	ENERGY CHIROPRACTIC	12/14/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
286	ENERGY CHIROPRACTIC	12/14/2016			X		X	X	X	X	X	X	X	X	X	X	X		X
284	ENERGY CHIROPRACTIC	12/14/2016	X		X		X	X	X	X	X	X	X	X	X	X	X		X
287	ENERGY CHIROPRACTIC	12/21/2016																	
288	ENERGY CHIROPRACTIC	12/21/2016	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
291	ENERGY CHIROPRACTIC	12/28/2016	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X
289	ENERGY CHIROPRACTIC	12/28/2016	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X
290	ENERGY CHIROPRACTIC	12/30/2016			X	blank	blank	X	X	X	X	X	X	X	X	X	X		X

(A) Missing or incomplete initial evaluation.

Exhibit 5

Exhibit 5 - Charles Deng Acupuncture Evaluations

RICO NO.	Date of Initial	Patient Complaints					Tongue Characteristics				Pulse Description			Acupuncture Diagnosis		Cervical Sp/St Cervicalgia	Lumbar Sp/St Low Back Pain Myofascitis	Knee/Headache/Thoracic/Shoulder	Treatment Plan 3 times/week	Total DOS w/Deng	Cupping DOS	Acup DOS
		Neck Pain	Lower Back Pain	Thoracic Pain	Other Region	Persistent	Sharp	Family History Unremarkable	Light Red Color	Normal Shape	Thick White	Normal	Floating	SI Channel	UB Channel							
1	8/19/2013	X	X	X		X	X	X	X	X	X	X			X	X	X	X	X	11	11	11
2	9/4/2013	X	X			X	X	X	X	X	X	X			X	X	X		X	47	46	25
4	9/5/2013		X			X	X	X	X	X	X	X			X		X		X	12	12	11
3	10/2/2013	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	24	22	13
5	10/15/2013	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	40	40	21
6	10/18/2013	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	1	1	1
9	10/30/2013		X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	4	4	4
12	11/1/2013	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	34	34	22
10	11/11/2013	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	59	59	16
14	11/19/2013					X	X	X	X	X	X	X		X	X	X	X	X	X	6	6	5
18	12/2/2013	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	14	13	9
16	12/2/2013	X		X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	33	31	15
17	12/2/2013		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6	6	4
15	12/3/2013	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	23	23	16
20	12/12/2013	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	2	2	1
19	12/13/2013	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	1	1	1
21	12/13/2013	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	10	10	4
22	12/13/2013	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	10	10	6
23	12/26/2013		X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	12	12	5
24	12/27/2013		X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	7	7	1
25	1/2/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	10	10	4
26	1/7/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	15	15	14
27	1/7/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	21	20	9
29	1/7/2014	X		X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	26	26	10
31	1/17/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	13	13	13
35	1/27/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	17	14	11
36	1/27/2014		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	18	18	11
37	1/27/2014	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	8	8	8
34	1/28/2014	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	15	15	13
39	2/5/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	11	11	1
41	2/5/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	43	43	12
42	2/5/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	31	29	23
43	2/6/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	20	20	10
44	2/6/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	18	12	14
38	2/17/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	3	3	2
45	2/17/2014		X	X		X	X	X	X	X	X	X		X	X	X	X	X	X	13	13	5
46	2/27/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	10	10	8
47	2/27/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	11	9	6
48	2/27/2014	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7	7	2
50	3/10/2014		X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	11	11	11
51	3/10/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	26	26	8
49	3/11/2014	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6	6	4
55	3/13/2014				X	X	X	X	X	X	X	X		X	X	X	X	X	X	8	8	2
56	3/17/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	3	3	2
58	3/20/2014		X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	11	11	10
59	3/20/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	17	17	7
62	4/9/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	3	3	3
64	4/9/2014	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	14	13	9

Exhibit 5 - Charles Deng Acupuncture Evaluations

RICO NO.	Date of Initial	Patient Complaints					Tongue Characteristics				Acupuncture Diagnosis		Cervical Sp/St Cervicalgia	Lumbar Sp/St Low Back Pain Myofascitis	Knee/Headache/Thoracic/Shoulder	Treatment Plan 3 times/week	Total DOS w/Deng	Cupping DOS	Acup DOS
		Neck Pain	Lower Back Pain	Thoracic Pain	Other Region	Persistent	Sharp	Family History Unremarkable	Light Red Color	Normal Shape	Thick White	Pulse Normal	Floating	SI Channel	UB Channel				
65	4/10/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	10	8	7
66	4/10/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	20	20	4
67	4/10/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	35	31	12
68	4/15/2014	X	X		X	X	X	X	X	X	X	X		X	X	X	9	7	3
70	4/29/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	13	13	4
71	5/16/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	14	13	10
72	5/19/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	11	11	6
73	5/21/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	26	26	2
75	5/29/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	5	5	3
74	5/30/2014	A	A	A	A	A	A	A	A	A	A	A		A	A	A	7	7	6
76	6/2/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	16	12	5
79	6/3/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	5	5	4
78	6/3/2014	A	A	A	A	A	A	A	A	A	A	A		A	A	A	31	31	
80	6/9/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	11	11	7
82	6/13/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	10	9	9
87	7/18/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	30	26	6
90	7/22/2014		X	X	X	X	X	X	X	X	X	X		X	X	X	6	6	4
91	7/25/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	1	1	1
94	8/20/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	10	10	3
93	8/21/2014	A	A	A	A	A	A	A	A	A	A	A		A	A	A	19	19	8
96	8/25/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	12	12	3
97	8/25/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	15	15	7
98	8/25/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	15	15	10
99	8/26/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	40	40	17
101	8/27/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	1	1	1
100	8/27/2014	A	A	A	A	A	A	A	A	A	A	A		A	A	A	9	9	2
103	9/17/2014		X	X	X	X	X	X	X	X	X	X		X	X	X	21	19	10
105	9/22/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	9	9	
106	9/22/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	15	15	5
102	9/22/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	22	22	11
104	9/25/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	22	22	6
109	9/25/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	9	9	1
110	9/25/2014		X	X	X	X	X	X	X	X	X	X		X	X	X	8	8	1
112	9/25/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	10	9	4
114	9/30/2014	A	A	A	A	A	A	A	A	A	A	A		A	A	A	16	16	
111	10/1/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	5	5	
111	11/7/2014		X	X	X	X	X	X	X	X	X	X		X	X	X	16	16	1
30	11/17/2014		X	X	X	X	X	X	X	X	X	X		X	X	X	13	3	13
117	11/19/2014	A	A	A	A	A	A	A	A	A	A	A		A	A	A	7	7	2
121	12/16/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	11	11	1
120	12/16/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	7	7	3
122	12/16/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	19	19	3
123	12/16/2014	X	X	X	X	X	X	X	X	X	X	X		X	X	X	14	14	4
130	1/16/2015	X	X	X	X	X	X	X	X	X	X	X		X	X	X	8	8	
131	1/16/2015	X	X	X	X	X	X	X	X	X	X	X		X	X	X	17	17	6
134	2/10/2015	A	A	A	A	A	A	A	A	A	A	A		A	A	A	3	3	
128	2/16/2015	A	A	A	A	A	A	A	A	A	A	A		A	A	A	2	2	
135	2/18/2015	X	X	X	X	X	X	X	X	X	X	X		X	X	X	15	15	3
132	2/19/2015	A	A	A	A	A	A	A	A	A	A	A		A	A	A	25	25	5

Exhibit 5 - Charles Deng Acupuncture Evaluations

RICO NO.	Date of Initial	Patient Complaints					Tongue Characteristics				Pulse Description		Acupuncture Diagnosis		Cervical Sp/St Cervicalgia	Lumbar Sp/St Low Back Pain Myofascitis	Knee/Headache/Thoracic/Shoulder	Treatment Plan 3 times/week	Total DOS w/Deng	Cupping DOS	Acup DOS
		Neck Pain	Lower Back Pain	Thoracic Pain	Other Region	Persistent	Sharp	Family History Unremarkable	Light Red Color	Normal Shape	Thick White	Normal	Floating	SI Channel	UB Channel						
137	2/19/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	42	41	10
138	2/20/2015		X			X	X	X	X	X	X	X	X		X	X	X	X	8	8	5
139	2/20/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	15	15	
140	2/24/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	16	16	
61	2/24/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	17	17	
141	2/24/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	52	40	18
142	2/26/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	24	24	1
143	2/26/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	15	15	8
144	2/26/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	7	7	
146	2/26/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	10	10	7
147	2/27/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	12	12	5
149	2/27/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	10	10	1
148	3/3/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	4	4	4
145	3/9/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	15	15	2
151	3/5/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	6	6	
152	3/10/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	5	4	1
136	3/17/2015	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A	A	5	3	2
133	4/7/2015	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A	A	3	3	1
153	4/23/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	5	5	5
154	4/28/2015		X			X	X	X	X	X	X	X	X		X	X	X	X	12	10	8
156	4/28/2015	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A	A	5	5	5
158	5/4/2015	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A	A	3	3	2
159	5/13/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	24	20	21
160	5/22/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	44	44	7
125	6/4/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	57	57	1
163	6/4/2015		X			X	X	X	X	X	X	X	X		X	X	X	X	1	1	
161	6/8/2015	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A	A	15	15	4
162	6/12/2015	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A	A	25	25	9
164	6/16/2015	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A	A	18	18	8
83	6/16/2015	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A	A	22	12	12
155	6/17/2015	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A	A	1	1	
165	7/14/2015	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A	A	1	1	
168	7/21/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	8	8	5
169	7/22/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	27	26	7
170	7/31/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	17	17	12
167	8/1/2015	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A	A	#N/A	#N/A	#N/A
171	8/3/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	15	11	5
172	8/9/2015																		10	10	5
173	8/11/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	13	12	5
174	8/17/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	10	9	6
176	9/9/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	31	31	3
177	9/15/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	4	4	
127	9/15/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	68	68	3
175	9/15/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	9	6	4
178	10/9/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	54	54	9
179	10/30/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	1	1	
180	10/30/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	1	1	
181	11/9/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	18	18	2
182	11/9/2015	X	X			X	X	X	X	X	X	X	X		X	X	X	X	8	8	1

Exhibit 5 - Charles Deng Acupuncture Evaluations

RICO NO.	Date of Initial	Patient Complaints					Tongue Characteristics				Acupuncture Diagnosis		Cervical Sp/St Cervicalgia	Lumbar Sp/St Low Back Pain Myofascitis	Knee/Headache/Thoracic/Shoulder	Treatment Plan 3 times/week	Total DOS w/Deng	Cupping DOS	Acup DOS
		Neck Pain	Lower Back Pain	Thoracic Pain	Other Region	Persistent	Sharp	Family History Unremarkable	Light Red Color	Normal Shape	Thick White	Pulse Description Normal	Floating	SI Channel	UB Channel				
183	11/9/2015	X	X		X	X	X	X	X	X	X				X	X	17	17	2
184	11/17/2015	X	X		X	X	X	X	X	X	X				X	X	4	4	2
185	11/17/2015	X	X		X	X	X	X	X	X	X				X	X	19	19	1
187	11/19/2015	X	X			X	X	X	X	X					X	X	27	27	1
186	11/30/2015	X	X		X	X	X	X	X	X	X				X	X	12	12	
188	11/30/2015	X	X		X	X	X	X	X	X	X				X	X	8	8	1
189	12/16/2015	X	X	X	X	X	X	X	X	X	X				X	X	16	16	
190	12/16/2015	X	X		X	X	X	X	X	X	X				X	X	20	20	5
191	12/17/2015	X	X		X	X	X	X	X	X	X				X	X	38	37	6
192	1/7/2016	X	X		X	X	X	X	X	X	X				X	X	13	13	
193	1/7/2016	X	X		X	X	X	X	X	X	X				X	X	17	17	1
194	1/8/2016	X	X		X	X	X	X	X	X	X				X	X	19	19	
195	1/8/2016	X	X	X	X	X	X	X	X	X	X				X	X	19	19	
196	1/8/2016		X	X	X	X	X	X	X	X					X	X	19	17	2
197	1/17/2016		X		X	X	X	X	X	X					X	X	13	11	2
199	1/22/2016	X	X		X	X	X	X	X	X	X				X	X	14	14	
200	1/22/2016																8	8	
201	1/22/2016	X	X		X	X	X	X	X	X	X				X	X	30	29	10
203	1/25/2016		X		X	X	X	X	X	X	X				X	X	16	16	1
204	1/26/2016	X	X	X		X	X	X	X	X	X				X	X	6	6	
205	1/26/2016	X	X		X	X	X	X	X	X	X				X	X	14	9	5
206	2/22/2016	X	X		X	X	X	X	X	X	X				X	X	13	13	2
207	2/22/2016	X	X		X	X	X	X	X	X	X				X	X	11	11	2
209	3/22/2016	X	X	X		X	X	X	X	X	X				X	X	6	6	1
211	3/7/2016	X	X		X	X	X	X	X	X	X				X	X	16	15	6
212	3/7/2016	X	X		X	X	X	X	X	X	X				X	X	12	12	4
213	3/8/2016	X	X		X	X	X	X	X	X	X				X	X	15	15	8
210	3/14/2016		X		X	X	X	X	X	X	X				X	X	25	22	5
214	3/15/2016				X	X	X	X	X	X	X				X	X	1	1	1
215	3/15/2016	X	X		X	X	X	X	X	X	X				X	X	33	31	5
216	3/16/2016	X	X		X	X	X	blank	X	X	X				X	X	27	27	5
217	3/21/2016	X	X		X	X	X	X	X	X	X				X	X	27	27	1
218	3/21/2016	X	X		X	X	X	X	X	X	X				X	X	23	23	2
219	3/21/2016	X	X		X	X	X	X	X	X	X				X	X	6	6	2
220	3/23/2016	X	X		X	X	X	X	X	X	X				X	X	16	16	3
221	3/29/2016	X	X		X	X	X	X	X	X	X				X	X	8	8	
222	3/29/2016	X	X		X	X	X	X	X	X	X				X	X	8	8	
223	3/31/2016	X	X		X	X	X	X	X	X	X				X	X	7	7	1
224	4/1/2016	X	X		X	X	X	X	X	X	X				X	X	5	5	1
225	4/4/2016	X	X		X	X	X	X	X	X	X				X	X	27	27	3
227	4/14/2016	X			X	X	X	X	X	X	X				X	X	6	5	4
229	4/14/2016	X		X	X	X	X	X	X	X	X				X	X	28	28	
226	4/18/2016		X	X	X	X	X	X	X	X	X				X	X	11	9	2
230	4/18/2016	X	X		X	X	X	X	X	X	X				X	X	5	5	
228	4/20/2016	X	X		X	X	X	X	X	X	X				X	X	6	6	1
232	5/16/2016	X	X		X	X	X	blank	X	X	blank				X	X	24	24	
233	5/16/2016	X	X	X	X	X	X	blank	X	X	X				X	X	10	10	
234	5/16/2016	X	X		X	X	X	X	X	X	X				X	X	26	26	5
235	5/18/2016		X		X	X	X	blank	X	X	X				X	X	33	33	4
236	5/25/2016	X	X		X	X	X	X	X	X	X				X	X	45	43	3
237	5/25/2016	X		X	X	X	X	X	X	X	X				X	X	15	15	3

Exhibit 5 - Charles Deng Acupuncture Evaluations

RICO NO.	Date of Initial	Patient Complaints					Tongue Characteristics				Acupuncture Diagnosis		Cervical Sp/St Cervicalgia	Lumbar Sp/St Low Back Pain Myofascitis	Knee/Headache/Thoracic/Shoulder	Treatment Plan 3 times/week	Total DOS w/Deng	Cupping DOS	Acup DOS
		Neck Pain	Lower Back Pain	Thoracic Pain	Other Region	Persistent	Sharp	Family History Unremarkable	Light Red Color	Normal Shape	Thick White	Pulse Description Normal	Floating	SI Channel	UB Channel				
239	5/26/2016	X	X		X	X		X	X	X		X			X	X	4	4	
238	5/31/2016	X	X		X	X	X	X	X	X		X			X	X	15	14	9
240	6/2/2016	X	X		X	X	X	X	X	X		X			X	X	12	12	1
241	6/7/2016	X	X		X	X	X	X	X	X		X			X	X	12	11	1
244	6/23/2016	X	X		X	X	X	X	X	X		X			X	X	18	18	2
245	6/27/2016	X	X		X	X	X	X	X	X		X			X	X	22	22	4
246	6/28/2016	X	X		X	X	X	X	X	X		X			X	X	20	20	
247	7/8/2016																5	5	1
248	7/8/2016	X	X		X	X	X	X	X	X		X			X	X	18	18	5
249	7/8/2016	X	X		X	X	X	X	X	X		X			X	X	5	5	1
250	7/11/2016																13	13	2
251	7/12/2016	X	X	X	X	X	X	X	X	X		X			X	X	14	14	4
253	7/15/2016	X	X		X	X	X	X	X	X		X			X	X	26	22	9
255	8/16/2016	X	X		X	X	X	X	X	X		X			X	X	11	8	4
256	8/16/2016	X	X		X	X	X	X	X	X		X			X	X	21	21	1
257	8/16/2016	X	X		X	X	X	X	X	X		X			X	X	11	11	1
258	8/16/2016	X	X		X	X	X	X	X	X		X			X	X	10	10	
243	8/22/2016	X	X	X	X	X	X	X	X	X		X			X	X	10	10	4
260	8/24/2016	X	X	X	X	X	X	X	X	X		X			X	X	22	22	2
259	8/26/2016																11	11	1
242	9/6/2016	X	X		X	X	X	X	X	X		X			X	X	29	29	3
262	9/7/2016	X	X		X	X	X	X	X	X		X			X	X	16	16	1
263	9/26/2016	X	X		X	X	X	X	X	X		X			X	X	11	11	
264	9/26/2016	X	X		X	X	X	X	X	X		X			X	X	12	12	
265	9/29/2016	X	X		X	X	X	X	X	X		X			X	X	11	11	
266	10/3/2016	X	X		X	X	X	X	X	X		X			X	X	12	12	2
267	10/4/2016	X	X	X	X	X	X	X	X	X		X			X	X	3	3	
268	10/5/2016	X	X		X	X	X	X	X	X		X			X	X	11	11	
270	10/6/2016	X	X		X	X	X	X	X	X		X			X	X	8	8	
272	10/10/2016	X	X	X	X	X	X	X	X	X		X			X	X	14	14	2
273	10/17/2016	X	X		X	X	X	X	X	X		X			X	X	21	19	4
276	11/28/2016	X	X		X	X	X	X	X	X		X			X	X	17	17	2
277	11/28/2016	X	X		X	X	X	X	X	X		X			X	X	3	3	2
278	11/28/2016	X	X		X	X	X	X	X	X		X			X	X	4	4	3
279	11/28/2016				X	X	X	X	X	X		X			X	X	5	5	3
274	11/29/2016	X	X		X	X	X	X	X	X		X			X	X	6	6	1
280	11/29/2016	X	X		X	X	X	X	X	X		X			X	X	8	8	2
281	11/30/2016		X		X	X	X	X	X	X		X			X	X	14	14	
282	11/30/2016	X	X		X	X	X	X	X	X		X			X	X	4	4	
283	11/30/2016	X	X		X	X	X	X	X	X		X			X	X	13	13	2
275	11/30/2016	X	X		X	X	X	X	X	X		X			X	X	9	9	1
284	12/12/2016	X	X		X	X	X	X	X	X		X			X	X	12	12	
285	12/14/2016	X				X		X	X	X		X			X	X	12	8	5
286	12/14/2016		X			X		X	X	X		X			X	X	9	9	
287	12/14/2016	X	X		X	X	X	blank	X	X		X			X	X	6	6	2
288	12/14/2016	X	X		X	X	X		X	X		X			X	X	6	4	3
289	12/27/2016	X			X	X		X	X	X		X			X	X	4	4	
290	12/27/2016	X	X	X	X	X	X	X	X	X		X			X	X	10	10	
291	12/27/2016	X	X	X	X	X	X	X	X	X		X			X	X	8	8	
292	12/28/2016	X	X		X	X	X	X	X	X		X			X	X	6	6	2
294	1/3/2017	X			X	X	X	X	X	X		X			X	X	5	5	4

Exhibit 5 - Charles Deng Acupuncture Evaluations

RICO NO.	Date of Initial	Patient Complaints					Family History Unremarkable	Tongue Characteristics			Pulse Description		Acupuncture Diagnosis		Cervical Sp/St Cervicalgia	Lumbar Sp/St Low Back Pain Myofascitis	Knee/Headache/Thoracic/Shoulder	Treatment Plan 3 times/week	Total DOS w/ Deng	Cupping DOS	Acup DOS
		Neck Pain	Lower Back Pain	Thoracic Pain	Other Region	Persistent		Sharp	Light Red Color	Normal Shape	Thick White	Normal	Floating	SI Channel							
293	1/5/2017	X				X		X	X		X	X	X		X	X	X	X	5	5	3
295	1/5/2017	X	X			X	X	X	X	X	X	X	X		X	X	X	X	6	6	
202	1/6/2017	X				X	X	X	X	X	X	X	X		X	X	X	X	3	3	1
296	1/10/2017		X			X	X	X	X	X	X	X	X		X	X	X	X	5	5	3
297	1/10/2017	X				X	X	X	X	X	X	X	X		X	X	X	X	2	2	
298	1/10/2017	X	X			X	X	X	X	X	X	X	X		X	X	X	X	3	3	
299	1/12/2017	X				X	X	X	X	X	X	X	X		X	X	X	X	3	3	1

(A) Missing or incomplete initial evaluation.

(A) Missing or incomplete initial evaluation.

Exhibit 6

Exhibit 6 - NCV/EMG Testing

RICO NO.	EMG Only	NCV Only	NCV/EMG different date of service	Nerve Conduction Testing							EMG Testing					
				NCV DOS (Upper)	NCV DOS (Lower)	NCV Provider	Upper - Sensory Median/Radial/Ulnar	Upper - Motor Median/Ulnar	Lower - Sensory Sup Peroneal/Sural	Lower - Motor Peroneal/Tibial	EMG DOS	EMG Provider	4 Limb	Total Muscles Tested	Bilateral	
4		X		9/12/2013	9/26/2013	PARISIEN	X	X								
2		X	X	10/24/2013		PARISIEN	X	X		X		9/19/2013	PARISIEN	X	31	X
1			X	10/14/2013		PARISIEN	X	X				9/19/2013	PARISIEN	X	31	X
3			X	11/7/2013	9/20/2013	PARISIEN	X	X		X		10/25/2013	PARISIEN	X	31	X
5			X	11/4/2013		PARISIEN	X	X				10/25/2013	PARISIEN	X	31	X
11			X	11/15/2013	11/22/2013	PARISIEN	X	X		X		11/29/2013	PARISIEN	X	31	X
12			X	11/15/2013		PARISIEN	X	X				11/21/2013	PARISIEN	X	31	X
9		X			11/15/2013	PARISIEN				X						
14		X		11/26/2013		PARISIEN	X	X								
15			X	12/20/2013	12/30/2013	PARISIEN	X	X		X		1/10/2014	PARISIEN	X	31	X
21			X	12/27/2013	1/24/2014	PARISIEN	X	X		X		1/10/2014	PARISIEN	X	30	X
25			X	1/9/2014	1/17/2014	PARISIEN	X	X				1/10/2014	PARISIEN	X	31	X
22			X	2/13/2014		PARISIEN	X	X		X		1/17/2014	PARISIEN	X	31	X
31			X		1/31/2014	PARISIEN										
28		X		1/20/2014	2/14/2014	PARISIEN	X	X		X						
29		X		1/20/2014	1/23/2014	PARISIEN	X	X		X						
32			X	1/23/2014	1/23/2014	PARISIEN	X	X		X						
33		X		2/3/2014		PARISIEN	X	X								
27		X		2/3/2014	2/14/2014	PARISIEN	X	X		X		2/20/2014	DABIRI	A	A	A
23			X	2/10/2014	3/24/2014	PARISIEN	X	X		X		2/20/2014	DABIRI	X	32	X
35		X		2/17/2014	2/24/2014	PARISIEN	X	X		X		2/13/2014	PARISIEN	X	31	X
26		X		2/20/2014		DABIRI	X	X								
38		X		2/20/2014		DABIRI	X	X								
41			X		4/23/2014	DABIRI				X		2/20/2014	DABIRI	X	32	X
42			X	3/10/2014	6/9/2014	DABIRI; PARISIEN	X	X		X		2/20/2014	DABIRI	X	32	X
43		X			2/27/2014	DABIRI				X						
40			X	3/3/2014	3/7/2014	PARISIEN	X	X		X		2/27/2014	DABIRI	X	32	X
44	X											2/28/2014	DABIRI	X	32	X
37		X		3/3/2014		PARISIEN	X	X								
36			X	3/6/2014		PARISIEN	X	X				3/13/2014	DABIRI	X	32	X
34	X											3/7/2014	PARISIEN	X	32	X
46			X	4/2/2014		DABIRI	X	X		X		3/13/2014	DABIRI	X	32	X
48	X											3/14/2014	DABIRI	X	32	X
47		X		3/24/2014		DABIRI	X	X								
51			X	3/24/2014		DABIRI	X	X				5/8/2014	DABIRI	X	32	X
60		X		4/7/2014		DABIRI	X	X								
58		X		4/7/2014	4/21/2014	DABIRI	X	X		X		4/11/2014	DABIRI	X	32	X
59		X		4/7/2014		DABIRI	X	X				5/9/2014	DABIRI	X	32	X
53		X			4/7/2014	DABIRI				X						
52		X		4/21/2014	4/23/2014	DABIRI	X	X		X						
50		X			4/21/2014	DABIRI				X						
67			X	4/23/2014	5/12/2014	DABIRI	X	X		X		5/8/2014	DABIRI	X	32	X
68		X		5/2/2014	5/19/2014	DABIRI; PARISIEN	X	X		X						
69		X		5/5/2014	5/12/2014	PARISIEN; DABIRI	X	X		X		5/9/2014	DABIRI	X	32	X

Exhibit 6 - NCV/EMG Testing

RICO NO.	BMG Only	NCV Only	NCV/EMG different date of service	Nerve Conduction Testing							EMG Testing				
				NCV DOS (Upper)	NCV DOS (Lower)	NCV Provider	Upper - Sensory	Upper - Motor	Lower - Sensory	Lower - Motor	BMG DOS	EMG Provider	4 Limb	Total Muscles Tested	
66			X	5/5/2014	8/1/2014	DABIRI; BLACKMAN	X	X	X	X	6/19/2014	PARISIEN	X	32	X
70	X										5/23/2014	PARISIEN	X	32	X
71		X		5/28/2014		PARISIEN	X	X							
73			X	6/6/2014	6/23/2014	PARISIEN	X	X	X	X	7/18/2014	PARISIEN	X	32	X
76		X		6/6/2014	6/9/2014	PARISIEN	X	X	X	X					
74		X		6/9/2014	6/20/2014	PARISIEN	X	X	X	X					
62			X		6/11/2014	PARISIEN			X	X	8/1/2014	BLACKMAN	X	26	X
81		X		6/16/2014	6/23/2014	PARISIEN	X	X	X	X					
78		X		6/16/2014	6/20/2014	PARISIEN	X	X	X	X					
80		X		6/16/2014	6/20/2014	PARISIEN	X	X	X	X					
77		X		6/20/2014	7/11/2014	PARISIEN	X	X	X	X					
79		X		6/20/2014		PARISIEN	X	X							
80		X			6/20/2014	PARISIEN			X	X					
10	X										7/18/2014	PARISIEN	X	32	X
84		X		7/21/2014		PARISIEN	X	X							
82		X		7/21/2014		PARISIEN	X	X							
64		X			7/28/2014	PARISIEN			X	X					
85		X			7/31/2014	PARISIEN			X	X					
86		X		8/11/2014	8/21/2014	BLACKMAN	X	X	X	X					
92			X		8/21/2014	BLACKMAN			X	X	8/22/2014	BLACKMAN	X	38	X
93			X	8/21/2014	8/25/2014	BLACKMAN	X	X	X	X	11/20/2014	BLACKMAN	X	26	X
95			X	9/26/2014	8/26/2014	BLACKMAN	X	X	A	A	9/11/2014	BLACKMAN	X	26	X
94			X		9/26/2014	BLACKMAN			X	X	9/11/2014	BLACKMAN	X	26	X
98		X			9/11/2014	BLACKMAN			X	X	10/17/2014	BLACKMAN	X	38	X
99		X		9/19/2014		BLACKMAN	X	X							
101		X		9/19/2014		BLACKMAN	X	X							
96		X		9/19/2014		BLACKMAN	X	X							
97		X		9/19/2014	10/6/2014	BLACKMAN	X	X	X	X					
103			X	10/6/2014		BLACKMAN	X	X			9/25/2014	BLACKMAN	X	38	X
102			X	10/6/2014		BLACKMAN	X	X			11/6/2014	BLACKMAN	X	38	X
109			X		10/16/2014	BLACKMAN			X	X	10/17/2014	BLACKMAN	X	38	X
113		X		10/31/2014		BLACKMAN									
112		X		11/7/2014		BLACKMAN	X	X			11/20/2014	BLACKMAN	X	38	X
106			X	1/15/2015		LACINA	X	X			11/20/2014	BLACKMAN	X	38	X
107	X										11/20/2014	BLACKMAN	X	38	X
108	X										11/20/2014	BLACKMAN	X	38	X
116			X			BLACKMAN			X	X	12/5/2014	BLACKMAN	X	24	X
117	X				11/24/2014	BLACKMAN					11/28/2014	BLACKMAN	X	26	X
8			X			BLACKMAN	X	X			12/31/2014	BLACKMAN	X	24	X
121		X		12/29/2014	1/19/2015	BLACKMAN; LACINA	X	X	X	X					
122			X	12/29/2014	1/5/2015	BLACKMAN	X	X	X	X	2/5/2015	PARISIEN	X	36	X
123		X		12/29/2014	1/19/2015	BLACKMAN; LACINA	X	X	X	X					
88		X		1/5/2015	3/16/2015	BLACKMAN; PARISIEN	X	X	X	X					

Exhibit 6 - NCV/EMG Testing

RICO NO.	EMG Only	NCV Only	NCV/EMG different date of service	Nerve Conduction Testing						EMG Testing				
				NCV DOS (Upper)	NCV DOS (Lower)	NCV Provider	Upper - Sensory Median/Radial/Ulnar	Upper - Motor Median/Ulnar	Lower - Sensory Sup Peroneal/Sural	Lower - Motor Peroneal/Tibial	EMG DOS	EMG Provider	4 Limb	Total Muscles Tested
100			X	9/18/2014; 11/26/2014		BLACKMAN		X			1/8/2015	BLACKMAN	X	24
87	X										1/9/2015	BLACKMAN	X	36
89	X										1/9/2015	BLACKMAN	X	36
120		X			1/12/2015	BLACKMAN			X	X				
118		X			1/15/2015	LACINA				X				
110	X										1/15/2015	LACINA	X	36
131			X	5/11/2015		PARISIEN	X	X			1/30/2015	LACINA	X	36
128		X		2/9/2015		PARISIEN	X	X						
129			X	2/9/2015		PARISIEN	X	X			3/5/2015	PARISIEN	X	36
130		X			2/9/2015	PARISIEN			X	X				
132			X	3/16/2015	3/20/2015	PARISIEN	X	X	X	X	2/26/2015	PARISIEN	X	36
140	X										2/27/2015	PARISIEN	X	24
139			X	3/9/2015		PARISIEN	X	X			2/27/2015	PARISIEN	X	24
141			X	4/13/2015	4/21/2015	PARISIEN	X	X	X	X	3/5/2015	PARISIEN	X	24
147	X										3/5/2015	PARISIEN	X	36
145		X			3/23/2015	PARISIEN			X	X	3/5/2015	PARISIEN	X	36
143			X	3/16/2015	3/20/2015	PARISIEN	X	X	X	X	3/6/2015	PARISIEN	X	24
144	X										3/6/2015	PARISIEN	X	36
146				3/9/2015	3/20/2015	PARISIEN	X	X	X	X	3/12/2015	PARISIEN	X	36
150		X		3/9/2015	3/16/2015	PARISIEN	X	X	X	X	3/12/2015	PARISIEN	X	36
151	X			3/27/2015		PARISIEN	X	X			3/19/2015	PARISIEN	X	36
135			X	3/20/2015		PARISIEN	X	X	X	X	4/17/2015	PARISIEN	X	36
148		X			3/20/2015	PARISIEN								
61		X		3/23/2015		PARISIEN	X	X						
152		X		3/27/2015		PARISIEN	X	X						
142				4/9/2015		PARISIEN	X	X			4/9/2015	PARISIEN	X	24
138		X			4/10/2015	PARISIEN			X	X				
133	X										4/16/2015	PARISIEN	X	36
153	X										5/1/2015	PARISIEN	X	24
156		X		5/15/2015		PARISIEN	X	X						
157			X		5/26/2015	PARISIEN			X	X	5/21/2015	PARISIEN	X	24
154			X		7/13/2015	ALLAY MEDICAL SERVICES PC			X	X	5/21/2015	PARISIEN	X	24
158	X										5/22/2015	PARISIEN	X	24
161			X		6/8/2015	ALLAY MEDICAL SERVICES PC			X	X	5/22/2015	PARISIEN	X	24
162			X	6/2/2015	6/12/2015	PARISIEN	X	X	X	X	5/22/2015	PARISIEN	X	24
160		X		6/8/2015	6/2/2015	PARISIEN	X	X	X	X	5/29/2015	PARISIEN	X	24
83		X		6/19/2015	7/3/2015	ALLAY MEDICAL SERVICES PC	X	X						
125			X		6/30/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X	8/21/2015	ALLAY MEDICAL SERVICES PC	X	38
167		X		7/13/2015		ALLAY MEDICAL SERVICES PC	X	X			8/6/2015	ALLAY MEDICAL SERVICES PC	X	38
164		X			7/16/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X	9/15/2015	ALLAY MEDICAL SERVICES PC	X	38
166			X	7/16/2015	7/20/2015	PARISIEN	X	X						
165		X		7/20/2015			X	X						

Exhibit 6 - NCV/EMG Testing

Nerve Conduction Testing														
RICO NO.	EMG Only	NCV Only	NCV/EMG different date of service	Upper - Sensory				Upper - Motor		Lower - Sensory		Lower - Motor		Bilateral
				NCV DOS (Upper)	NCV DOS (Lower)	NCV Provider	Median/Radial/Ulnar	Median/Ulnar	Sup Peroneal/Sural	Peroneal/Tibial				
159			X	8/3/2015	8/17/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X				X
169			X	8/4/2015	9/4/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X				X
168		X		8/4/2015		ALLAY MEDICAL SERVICES PC	X	X						
171		X		8/17/2015	8/7/2015	ALLAY MEDICAL SERVICES PC	X	X	X					
171	X													X
172			X	8/19/2015	9/3/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X				X
170	X													X
170		X		8/19/2015	8/21/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X				X
174		X		9/3/2015	9/4/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X				
173			X	9/21/2015	10/2/2015	ALLAY MEDICAL SERVICES PC/ PAVLOVA	X	X	X	X				X
176			X	9/25/2015		ALLAY MEDICAL SERVICES PC	X	X	X					X
127		X		9/25/2015	9/28/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X				
175		X		9/25/2015	10/5/2015	PAVLOVA	X	X		X				
177		X		10/9/2015		PAVLOVA	X	X						
178			X	10/19/2015	10/26/2015		X	X	X	X				
182		X		11/25/2015	12/4/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X				
185		X			12/4/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X				
187			X	12/3/2015	12/4/2015	ALLAY MEDICAL SERVICES PC	X		X					
181	X			12/3/2015	12/30/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X			X	X
183		X		12/3/2015	12/17/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X			X	X
186			X		12/7/2015	ALLAY MEDICAL SERVICES PC	X		X	X			X	X
188		X		12/17/2015		ALLAY MEDICAL SERVICES PC	X		X					
190		X		12/18/2015		ALLAY MEDICAL SERVICES PC	X	X	X	X			X	X
191		X		1/14/2016	12/21/2015	ALLAY MEDICAL SERVICES PC	X	X	X	X			X	X
189			X	12/29/2015	1/8/2016	ALLAY MEDICAL SERVICES PC/ PARISIEN	X		X				X	X
197			X	1/11/2016	1/4/2016	PARISIEN	X	X	X	X			X	
192		X		1/15/2016	1/18/2016	PARISIEN	X		X					
193			X	1/15/2016	1/18/2016	PARISIEN	X	X	X	X			Incomplete	
196			X	1/15/2016		PARISIEN	X	X	X				X	X
194		X		1/18/2016	2/1/2016	PARISIEN	X		X	X			X	X
195		X			1/25/2016	PARISIEN	X		X	X			X	A
199			X	1/25/2016	2/1/2016	PARISIEN	X		X	X			X	X
200		X		1/25/2016	2/1/2016	PARISIEN	X		X	X			X	X
201		X		1/25/2016	2/1/2016	PARISIEN	X		X	X			X	X
198		X		1/29/2016	1/28/2016	PARISIEN	X		X	X			X	X
203		X		2/5/2016	2/19/2016	PARISIEN	X		A	X			X	X
205		X		2/19/2016	3/31/2016	PARISIEN	X		X	X			X	X
206		X		3/7/2016	3/11/2016	PARISIEN	X		X	X			X	X
207		X		3/7/2016	3/10/2016	PARISIEN	X		X	X				
208			X	3/7/2016	3/10/2016	PARISIEN	X		X	X			X	X
209		X		3/7/2016		PARISIEN	X		X				X	X

Exhibit 6 - NCV/EMG Testing

RICO NO.	BMG Only	NCV Only	NCV/EMG different date of service	Nerve Conduction Testing						EMG Testing					
				NCV DOS (Upper)	NCV DOS (Lower)	NCV Provider	Upper - Sensory	Upper - Motor	Lower - Sensory	Lower - Motor	EMG DOS	EMG Provider	4 Limb	Total Muscles Tested	Bilateral
213			X	3/23/2016	3/31/2016	PARISEN	X	X	X	X	3/29/2016	PARISEN	X	38	X
210			X	3/23/2016	3/31/2016	PARISEN	X	X	X	X	4/4/2016	PARISEN	X	38	X
211			X	3/23/2016	4/14/2016	PARISEN	X	X	X	X	3/29/2016	PARISEN	X	38	X
212			X	3/23/2016		PARISEN	X	X	X		5/11/2016	PFI MEDICAL CARE PC	X	38	X
215			X	3/31/2016		PARISEN	X	X	X		4/22/2016	PFI MEDICAL CARE PC	A	A	A
217			X	4/4/2016	4/18/2016	PARISEN	X	X	X	X	5/4/2016	PFI MEDICAL CARE PC	X	38	X
220			X	4/7/2016	4/14/2016	PARISEN	X	X	X	X	4/22/2016	PFI MEDICAL CARE PC	X	40	X
219		X		4/7/2016		PARISEN	X	X							
216		X		4/8/2016		PARISEN	X	X			4/20/2016	PFI MEDICAL CARE PC	X	38	X
230		X		4/29/2016		PFI MEDICAL CARE PC	X	X							
218			X	5/4/2016		PFI MEDICAL CARE PC	X	X			5/26/2016	PFI MEDICAL CARE PC	X	38	X
231			X	5/11/2016	6/27/2016	PFI MEDICAL CARE PC	X	X	X	X	6/3/2016	PFI MEDICAL CARE PC	X	38	X
235			X	5/27/2016	5/31/2016	PFI MEDICAL CARE PC	X	X	X	X	6/1/2016	PFI MEDICAL CARE PC	X	38	X
225			X	5/31/2016	6/22/2016	PFI MEDICAL CARE PC	X	X	X	X	6/3/2016	PFI MEDICAL CARE PC	X	36	X
232			X	5/31/2016	8/12/2016	PFI MEDICAL CARE PC	X	X	X	X	7/22/2016	PFI MEDICAL CARE PC	X	38	X
233			X	5/31/2016		PFI MEDICAL CARE PC	X	X	X		6/16/2016	RA MEDICAL SERVICES	X	38	X
229		X		6/1/2016	7/22/2016	PFI MEDICAL CARE PC	X	X	X	X					
234			X	6/6/2016	7/11/2016	PFI MEDICAL CARE PC	X	X	X	X	7/5/2016	PFI MEDICAL CARE PC	X	38	X
236			X	6/20/2016	6/20/2016	PFI MEDICAL CARE PC	X	X	X	X	7/5/2016	PFI MEDICAL CARE PC	X	38	X
237			X	6/20/2016	6/20/2016	PFI MEDICAL CARE PC	X	X	X	X	7/5/2016	PFI MEDICAL CARE PC	X	36	X
240			X	7/22/2016		PFI MEDICAL CARE PC	X	X	X		6/27/2016	PFI MEDICAL CARE PC	X	38	X
238		X			6/29/2016	PFI MEDICAL CARE PC			X	X					
247	X										7/19/2016	PFI MEDICAL CARE PC	X	38	X
253			X	7/20/2016	7/27/2016	PFI MEDICAL CARE PC	X	X	X	X	7/19/2016	PFI MEDICAL CARE PC	X	38	X
245			X	7/20/2016	8/3/2016	PFI MEDICAL CARE PC	X	X	X	X	7/22/2016	PFI MEDICAL CARE PC	X	38	X
246			X	7/20/2016	8/3/2016	PFI MEDICAL CARE PC	X	X	X	X	7/27/2016	PFI MEDICAL CARE PC	X	38	X
251			X	7/26/2016	8/3/2016	PFI MEDICAL CARE PC	X	X	X	X	7/27/2016	PFI MEDICAL CARE PC	X	38	X
250			X	7/26/2016	8/10/2016	PFI MEDICAL CARE PC	X	X	X	X	7/27/2016	PFI MEDICAL CARE PC	X	38	X
244			X	8/8/2016	8/15/2016	PFI MEDICAL CARE PC	X	X	X	X	8/17/2016	PFI MEDICAL CARE PC	X	38	X
248			X	8/8/2016	8/12/2016	PFI MEDICAL CARE PC	X	X	X	X	8/10/2016	PFI MEDICAL CARE PC	X	38	X
257		X		8/29/2016	9/9/2016	PFI MEDICAL CARE PC	X	X	X	X					
243		X			9/21/2016	PFI MEDICAL CARE PC	X	X	X	X	9/1/2016	PFI MEDICAL CARE PC	X	36	X
256		X		9/6/2016	9/9/2016	PFI MEDICAL CARE PC	X	X	X	X					
258		X		9/6/2016	9/14/2016	PFI MEDICAL CARE PC	X	X	X	X					
260		X		9/8/2016	9/21/2016	PFI MEDICAL CARE PC	X	X	X	X					
259		X		9/9/2016	9/12/2016	PFI MEDICAL CARE PC	X	X	X	X					
262		X		9/14/2016	9/22/2016	PFI MEDICAL CARE PC	X	X	X	X					
242			X	9/16/2016	9/19/2016	PFI MEDICAL CARE PC	X	X	X	X	1/19/2017	KP MEDICAL CARE PC	X	38	X
255		X		9/19/2016		PFI MEDICAL CARE PC	X	X							
254		X		9/23/2016	9/27/2016	PFI MEDICAL CARE PC	X	X	X	X	11/14/2016	KP MEDICAL CARE PC	X	38	X
263		X		10/10/2016	10/14/2016	PAVLOVA	X	X	X	X	10/17/2016	PAVLOVA	X	38	X
266			X	10/10/2016	10/17/2016	PAVLOVA	X	X	X	X	11/3/2016	KP MEDICAL CARE PC	X	38	X
267		X		10/10/2016		PAVLOVA	X	X							
265			X	10/10/2016	10/14/2016	PAVLOVA	X	X	X	X	11/21/2016	KP MEDICAL CARE PC	X	38	X

Exhibit 6 - NCV/EMG Testing

RICO NO.	EMG Only	NCV Only	NCV/EMG different date of service	Nerve Conduction Testing						EMG Testing						
				NCV DOS (Upper)	NCV DOS (Lower)	NCV Provider	Upper - Sensory	Upper - Motor	Lower - Sensory	Lower - Motor	EMG DOS	EMG Provider	4 Limb	Total Muscles Tested	Bilateral	
268		X		10/19/2016	10/31/2016	ALLAY MEDICAL SERVICES PC/ KP MEDICAL CARE PC	X	X	X			11/11/2016	KP MEDICAL CARE PC	X	38	X
272		X		10/19/2016	10/31/2016	ALLAY MEDICAL SERVICES PC/ KP MEDICAL CARE PC	X	X	X			11/23/2016	KP MEDICAL CARE PC	X	36	X
271		X		10/24/2016	11/4/2016	KP MEDICAL CARE PC	X	X	X			11/15/2016	KP MEDICAL CARE PC	X	38	X
273		X		10/27/2016	11/14/2016	KP MEDICAL CARE PC	X	X	X			11/15/2016	KP MEDICAL CARE PC	X	30	X
270		X		10/28/2016		JFP MEDICAL SERVICES PC	X	X								
275		X		12/9/2016		KP MEDICAL CARE PC	X	X	X							
278		X		12/9/2016	12/23/2016	KP MEDICAL CARE PC	X	X	X			12/30/2016	KP MEDICAL CARE PC	X	38	X
281		X		12/12/2016	12/13/2016	KP MEDICAL CARE PC	X	X	X							
274		X		12/12/2016		KP MEDICAL CARE PC	X	X								
280		X		12/12/2016	12/21/2016	KP MEDICAL CARE PC	X	X	X			12/23/2016	KP MEDICAL CARE PC	X	38	X
282		X		12/13/2016	12/21/2016	KP MEDICAL CARE PC	X	X	X							
276		X		12/13/2016	12/19/2016	KP MEDICAL CARE PC	X	X	X			12/21/2016	KP MEDICAL CARE PC	X	38	X
284		X		12/13/2016	12/21/2016	KP MEDICAL CARE PC	X	X	X							
283		X		12/19/2016	2/6/2017	KP MEDICAL CARE PC	X	X	X			2/7/2017	KP MEDICAL CARE PC	X	38	X
277		X		12/19/2016		KP MEDICAL CARE PC	X	X								
279		X		12/19/2016		KP MEDICAL CARE PC	X	X				12/30/2016	KP MEDICAL CARE PC	X	38	X
286		X		12/29/2016	12/27/2016	KP MEDICAL CARE PC	X	X	X			1/19/2017	KP MEDICAL CARE PC	X	38	X
292		X			1/12/2017	KP MEDICAL CARE PC			X	X						
291		X		1/17/2017	1/12/2017	KP MEDICAL CARE PC	X	X								
202		X		1/16/2017	1/23/2017	KP MEDICAL CARE PC	X	X	X			1/26/2017	KP MEDICAL CARE PC	X	38	X
293		X		1/17/2017		KP MEDICAL CARE PC	X	X								
285		X		1/19/2017	1/26/2017	KP MEDICAL CARE PC	X	X	X							
294		X		1/19/2017	1/23/2017	KP MEDICAL CARE PC	X	X	X							
295		X		1/19/2017	1/24/2017	KP MEDICAL CARE PC	X	X	X			1/26/2017	KP MEDICAL CARE PC	X	38	X
296		X		1/23/2017	1/24/2017	KP MEDICAL CARE PC	X	X	X							

Exhibit 7

Exhibit 7 - Trigger Point Injections

RICO NO.	Date of Service	Provider	Patient Reported Pain		Total TP Injections	TP Bilateral	Total Dry Needling	Dry Bilateral	Patient tolerated well	Patient No complications
			7 or Higher	2 + Regions						
4	9/6/2013	KSENIA PAVLOVA	X	X	5		16		X	
3	10/11/2013	KSENIA PAVLOVA		X	18		18			
3	11/29/2013	KSENIA PAVLOVA		X	7		14		X	X
2	10/28/2013	KSENIA PAVLOVA	X	X	10	X	32	X	X	X
8	10/30/2013	PIERRE J RENILIQUE	X		34	X	25	X	X	
9	10/30/2013	PIERRE J RENILIQUE		X	16		16	X	X	
10	11/1/2013	KSENIA PAVLOVA	X	X	16	X	40	X		X
10	12/9/2013	KSENIA PAVLOVA	X		7		14		X	X
10	1/27/2014	KSENIA PAVLOVA			16	X	32	X	X	X
11	11/29/2013	KSENIA PAVLOVA	X	X	7		14		X	X
15	12/2/2013	KSENIA PAVLOVA	X	X	6		12		X	X
16	12/2/2013	KSENIA PAVLOVA	X		6		12		X	X
16	1/20/2014	KSENIA PAVLOVA	X	X	7		14		X	X
17	12/2/2013	KSENIA PAVLOVA		X	7		14		X	X
18	12/2/2013	KSENIA PAVLOVA	X	X	7		14		X	X
5	12/4/2013	JULES FRANCOIS PARSIN MD	X	X	26	X	18	X		
6	12/13/2013	KSENIA PAVLOVA	X	X	16	X	32	X	X	X
6	1/14/2014	JULES FRANCOIS PARSIN MD	X	X	30		30	X	X	
6	3/28/2014	LUQMAN DABIRI	X		12	X	34	X	X	X
21	12/13/2013	KSENIA PAVLOVA		X	14	X	28	X	X	X
23	12/20/2013	KSENIA PAVLOVA	X	X	8		16		X	X
23	2/10/2014	KSENIA PAVLOVA	X	X	9		18		X	X
25	12/27/2013	KSENIA PAVLOVA	X	X	7		14		X	
32	1/17/2014	KSENIA PAVLOVA	X	X	14	X	28	X	X	
34	1/24/2014	KSENIA PAVLOVA	X	X	14	X	28	X	X	
35	1/24/2014	KSENIA PAVLOVA	X	X	14	X	28	X	X	
36	1/24/2014	KSENIA PAVLOVA	X	X	16	X	32	X	X	
37	1/27/2014	KSENIA PAVLOVA	X	X	14	X	28	X	X	
13	1/31/2014	KSENIA PAVLOVA	X	X	6		12		X	
28	1/31/2014	KSENIA PAVLOVA	X	X	14	X	28	X	X	
49	3/10/2014	LUQMAN DABIRI	X		6					X
51	3/10/2014	LUQMAN DABIRI	X		10	X	24	X		
51	7/29/2014	JULES FRANCOIS PARSIN MD	X		24	X	24	X	X	
55	3/13/2014	LUQMAN DABIRI		X	7		12		X	X
58	3/24/2014	LUQMAN DABIRI	X	X	4		4		X	X
59	3/24/2014	LUQMAN DABIRI	X	X	2		2			
53	4/7/2014	LUQMAN DABIRI	X	X	4		4		X	X
46	4/7/2014	LUQMAN DABIRI	X		6		6		X	X
52	5/14/2014	JULES FRANCOIS PARSIN MD		X	10		10	X		
73	5/21/2014	JULES FRANCOIS PARSIN MD	X	X	32		24	X	X	NA
73	8/7/2014	NOEL E BLACKMAN MD	X	X	11	X	32	X	X	X
76	6/4/2014	JULES FRANCOIS PARSIN MD		X	20		10		X	
76	10/3/2014	KSENIA PAVLOVA	X	X	14	X	32	X	X	X
69	6/10/2014	JULES FRANCOIS PARSIN MD		X	30		29	X	X	

Exhibit 7 - Trigger Point Injections

RICO NO.	Date of Service	Provider	Patient Reported Pain			Total TP Injections	TP Bilateral	Total Dry Needling	Dry Bilateral	Patient tolerated well	Patient No complications
			7 or Higher	2 + Regions							
62	6/11/2014	JULES FRANCOIS PARSIEU MD	X			30		30	X	X	
62	10/22/2014	NOEL E BLACKMAN MD	X			20		22	X	X	
82	6/17/2014	JULES FRANCOIS PARSIEU MD	X	X		30	X	26	X	X	
82	9/22/2014	NOEL E BLACKMAN MD	X	X		6		16		X	X
82	10/20/2014	NOEL E BLACKMAN MD	X	X		6		14		X	X
66	6/25/2014	JULES FRANCOIS PARSIEU MD		X		30	X	24	X		
80	6/27/2014	KSENIA PAVLOVA	X	X		6		14		X	X
88	8/19/2014	NOEL E BLACKMAN MD		X		4		20	X	X	
94	8/20/2014	NOEL E BLACKMAN MD		X		6		6		X	
95	8/20/2014	NOEL E BLACKMAN MD		X		6		6		X	
78	9/18/2014	NOEL E BLACKMAN MD	X	X		10	X	28	X	X	X
70	9/24/2014	NOEL E BLACKMAN MD		X		13		13		X	
99	9/25/2014	NOEL E BLACKMAN MD	X	X		12	X	27	X	X	X
125	11/27/2015	ALLAY MEDICAL SERVICES PC		X		7				X	
125	1/5/2016	JULES FRANCOIS PARSIEU MD	X	X		11		A			
122	1/12/2015	FRANCIS J LACINA	X	X		3		15		X	X
116	1/13/2015	FRANCIS J LACINA	X	X				50	X	X	X
106	1/15/2015	FRANCIS J LACINA		X		1		30		X	X
109	1/15/2015	FRANCIS J LACINA		X		3				X	X
123	1/19/2015	FRANCIS J LACINA		X		2		48	X	X	X
131	1/19/2015	FRANCIS J LACINA	X	X		1		30		X	X
131	1/28/2015	JULES FRANCOIS PARSIEU MD		X		20	X	13	X	X	
131	5/11/2015	JULES FRANCOIS PARSIEU MD		X		8				X	X
100	1/22/2015	FRANCIS J LACINA	X	X				60	X	X	X
114	2/5/2015	FRANCIS J LACINA		X		2				X	X
137	2/25/2015	JULES FRANCOIS PARSIEU MD	X	X		8				X	X
61	4/20/2015	JULES FRANCOIS PARSIEU MD	X	X		16	X			X	X
154	6/15/2015	KSENIA PAVLOVA	X			16	X			X	X
140	7/9/2015	ALLAY MEDICAL SERVICES PC	X	X		16	X			X	
160	7/13/2015	ALLAY MEDICAL SERVICES PC	X			16	X			X	X
169	8/20/2015	ALLAY MEDICAL SERVICES PC	X	X		7		15		X	X
172	8/25/2015	KSENIA PAVLOVA	X	X		10	X	20	X	X	X
161	9/17/2015	KSENIA PAVLOVA	B	B		B	B	B	B	B	B
166	9/17/2015	KSENIA PAVLOVA		X		10	X	20	X	X	n/a
127	10/1/2015	KSENIA PAVLOVA	X	X		7		21		X	X
164	10/6/2015	KSENIA PAVLOVA	B	B		B	B	B	B	B	B
162	10/26/2015	FRANCIS JOSEPH LACINA MD	X	X		A		16			
164	10/26/2015	FRANCIS JOSEPH LACINA MD	X	X		A	X	24	X	X	
176	10/26/2015	FRANCIS JOSEPH LACINA MD		X		A	X	32	X	X	
179	10/30/2015	RA MEDICAL SERVICES	B	X		A	X	53	X	X	
182	11/10/2015	FRANCIS JOSEPH LACINA MD	X	X		10	X	20	X	X	
182	11/27/2015	ALLAY MEDICAL SERVICES PC	X			16	X			X	

Exhibit 7 - Trigger Point Injections

RICO NO.	Date of Service	Provider	Patient Reported Pain				Total TP Injections	TP Bilateral	Total Dry Needling	Dry Bilateral	Patient tolerated well	Patient No complications
			7 or Higher	2 + Regions								
182	12/4/2015	RA MEDICAL SERVICES	X	X			A		32	X	X	
184	11/16/2015	RA MEDICAL SERVICES	X	X			A		35		X	
185	11/16/2015	RA MEDICAL SERVICES	X	X			A		40	X	X	
185	1/8/2016	RA MEDICAL SERVICES		X			2	X	16	X	X	X
186	11/16/2015	RA MEDICAL SERVICES	X	X				X	36	X	X	
186	12/29/2015	ALLAY MEDICAL SERVICES PC	X	X			7		14		X	X
181	11/24/2015	ALLAY MEDICAL SERVICES PC	X	X			10	X	24	X		
183	11/24/2015	ALLAY MEDICAL SERVICES PC	X	X			8	X	16	X	X	
188	11/27/2015	ALLAY MEDICAL SERVICES PC	X	X			8			X	X	
188	12/4/2015	RA MEDICAL SERVICES	X	X			A	X	40	X	X	
187	12/18/2015	ALLAY MEDICAL SERVICES PC		X			5		10			
187	12/24/2015	ALLAY MEDICAL SERVICES PC		X			8		16		X	X
190	12/29/2015	ALLAY MEDICAL SERVICES PC										
126	12/29/2015	ALLAY MEDICAL SERVICES PC	X	X			14	X	24	X	X	
124	1/8/2016	RA MEDICAL SERVICES	X	X			A	X	40	X	X	X
192	1/8/2016	RA MEDICAL SERVICES		X					40	X	X	
194	1/8/2016	RA MEDICAL SERVICES	X	X			A		18		X	
199	1/22/2016	RA MEDICAL SERVICES	X	X					39		X	
200	1/22/2016	RA MEDICAL SERVICES	X	X					4	X	X	
201	1/22/2016	RA MEDICAL SERVICES					A	X	40	X	X	
203	2/5/2016	RA MEDICAL SERVICES	X	X			A		40	X	X	
198	2/16/2016	JULES FRANCOIS PARISIEN MD	X	X			6				X	X
196	2/16/2016	JULES FRANCOIS PARISIEN MD	X	X			5				X	X
127	2/23/2016	JULES FRANCOIS PARISIEN MD		X			8		18		X	X
127	5/27/2016	RA MEDICAL SERVICES					A	X	36	X	X	X
207	2/23/2016	JULES FRANCOIS PARISIEN MD	B	B			B	B	B	B	B	B
207	4/5/2016	RA MEDICAL SERVICES	B	B			B	B	B	B	B	B
173	2/25/2016	JULES FRANCOIS PARISIEN MD	X	X			7		14		X	X
211	3/8/2016	JULES FRANCOIS PARISIEN MD	X	X			7		A		X	X
211	3/25/2016	RA MEDICAL SERVICES	X	X			A	X	56	X	X	X
212	3/8/2016	JULES FRANCOIS PARISIEN MD	X	X			8		A		X	X
213	3/11/2016	RA MEDICAL SERVICES	X	X			A	X	36	X	X	X
215	3/15/2016	JULES FRANCOIS PARISIEN MD	X	X			8		A		X	X
210	3/18/2016	RA MEDICAL SERVICES	X	X			A	X	40	X	X	X
210	4/14/2016	RA MEDICAL SERVICES	X	X					36	X	X	X
195	3/24/2016	JULES FRANCOIS PARISIEN MD	X	X			8		A		X	X
205	3/25/2016	RA MEDICAL SERVICES		X			A		40	X	X	X
222	3/29/2016	JULES FRANCOIS PARISIEN MD	X	X			8		A		X	X
208	3/31/2016	JULES FRANCOIS PARISIEN MD		X			8		A		X	X
221	4/5/2016	RA MEDICAL SERVICES	B	B			B	B	B	B	B	B

Exhibit 7 - Trigger Point Injections

RICO NO.	Date of Service	Provider	Patient Reported Pain		Total TP Injections	TP Bilateral	Total Dry Needling	Dry Bilateral	Patient tolerated well	Patient No complications
			7 or Higher	2 + Regions						
227	4/14/2016	RA MEDICAL SERVICES	X	X	A		38		X	X
228	4/14/2016	RA MEDICAL SERVICES	X	X	A	X	40	X	X	X
228	4/26/2016	PFJ MEDICAL CARE PC	X	X	8		A		X	X
228	5/16/2016	RA MEDICAL SERVICES	X		A	X	40	X	X	X
216	4/15/2016	PFJ MEDICAL CARE PC	X	X	8		16		X	X
216	7/8/2016	PFJ MEDICAL CARE PC	X	X	A		16			
230	5/2/2016	PFJ MEDICAL CARE PC	X	X	8		A		X	X
233	5/16/2016	PFJ MEDICAL CARE PC	^B	X	8		20		X	X
233	6/16/2016	RA MEDICAL SERVICES	X	X			40	X	X	X
234	5/16/2016	PFJ MEDICAL CARE PC	X	X	8		18		X	X
234	6/1/2016	RA MEDICAL SERVICES	X	X			34		X	X
234	9/22/2016	PFJ MEDICAL CARE PC	X	X			50	X	X	
234	10/17/2016	ALLAY MEDICAL SERVICES PC	X	X			20		X	
235	5/18/2016	PFJ MEDICAL CARE PC	X	X	8		16		X	X
235	9/19/2016	PFJ MEDICAL CARE PC	X	X	A	X	36	X	X	
235	10/24/2016	ALLAY MEDICAL SERVICES PC		X			4		X	
236	5/25/2016	PFJ MEDICAL CARE PC	X	X	8		20		X	X
236	6/14/2016	RA MEDICAL SERVICES	X	X	A		38		X	X
236	11/3/2016	KP MEDICAL CARE PC	X	X			28	X	X	
237	5/25/2016	PFJ MEDICAL CARE PC	X	X	6		16		X	X
237	6/21/2016	PFJ MEDICAL CARE PC		X	A	X	10		X	X
238	5/26/2016	PFJ MEDICAL CARE PC	X	X	6		14		^B	^B
239	5/26/2016	PFJ MEDICAL CARE PC	X	X	6		14		X	X
240	6/2/2016	PFJ MEDICAL CARE PC	X	X	8		20		X	X
240	6/7/2016	RA MEDICAL SERVICES	X	X			38		X	X
252	6/24/2016	PFJ MEDICAL CARE PC		X	A	X	23	X	X	X
231	7/15/2016	PFJ MEDICAL CARE PC	X	X	A		16			
248	8/19/2016	PFJ MEDICAL CARE PC	X	X	A		16			
254	8/26/2016	PFJ MEDICAL CARE PC	X	X	A		16			
254	10/7/2016	JFP MEDICAL SERVICES PC	X	X			24	X	X	
254	10/7/2016	JFP MEDICAL SERVICES PC	X	X			24	X	X	
254	11/7/2016	KP MEDICAL CARE PC		X	A		16	X	X	
254	11/17/2016	KP MEDICAL CARE PC	X	X			28	X	X	
255	9/2/2016	PFJ MEDICAL CARE PC	X	X			16			
256	9/15/2016	PFJ MEDICAL CARE PC	X	X	1				X	
256	10/5/2016	JFL MEDICAL CARE PC	X	X			82	X	X	X
257	9/15/2016	PFJ MEDICAL CARE PC	X		2	X				X
259	9/16/2016	PFJ MEDICAL CARE PC		X	A		25		X	
259	9/21/2016	ROSS MEDICAL PC								
242	9/16/2016	PFJ MEDICAL CARE PC		X			20	X	X	
242	10/31/2016	ALLAY MEDICAL SERVICES PC		X			36	X	X	

Exhibit 7 - Trigger Point Injections

RICO NO.	Date of Service	Provider	Patient Reported Pain		Total TP Injections	TP Bilateral	Total Dry Needling	Dry Bilateral	Patient tolerated well	Patient No complications
			7 or Higher	2 + Regions						
260	9/19/2016	PFJ MEDICAL CARE PC	X	X	A	X			X	
260	10/10/2016	JFP MEDICAL SERVICES PC	X	X	A				X	
260	11/10/2016	KP MEDICAL CARE PC		X	A		24	X	X	
263	9/26/2016	PFJ MEDICAL CARE PC		X	A	X				
263	11/21/2016	KP MEDICAL CARE PC		X			56	X	X	
264	9/26/2016	PFJ MEDICAL CARE PC			A	X	30	X	X	
264	11/14/2016	KP MEDICAL CARE PC	X	X	A		20	X	X	
264	12/15/2016	KP MEDICAL CARE PC	X	X			40		X	
265	9/26/2016	PFJ MEDICAL CARE PC			A	X			X	
265	11/21/2016	KP MEDICAL CARE PC	X	X			56	X	X	
217	10/4/2016	JFP MEDICAL SERVICES PC		X			16	X	X	
261	10/4/2016	JFP MEDICAL SERVICES PC		X	A				X	
267	10/4/2016	JFP MEDICAL SERVICES PC	X	X	A	X			X	
268	10/7/2016	JFP MEDICAL SERVICES PC	X	X	A		12		X	
268	10/31/2016	JFP MEDICAL SERVICES PC		X	A		14		X	
268	11/4/2016	JFL MEDICAL CARE PC		X	A		40		X	X
268	11/17/2016	KP MEDICAL CARE PC		X	A				X	
270	10/7/2016	JFP MEDICAL SERVICES PC	X	X	A		A		X	
270	10/31/2016	ALLAY MEDICAL SERVICES PC		X			32	X	X	
271	10/7/2016	JFP MEDICAL SERVICES PC	X	X	A				X	
271	10/10/2016	JFP MEDICAL SERVICES PC	X	X	A		4		X	
271	10/28/2016	JFP MEDICAL SERVICES PC		X			16	X	X	
271	10/31/2016	JFP MEDICAL SERVICES PC		X			24	X	X	
271	11/1/2016	JFL MEDICAL CARE PC	X	X			40	X	X	X
271	11/17/2016	KP MEDICAL CARE PC		X	A		36	X	X	
271	11/21/2016	KP MEDICAL CARE PC		X			48	X	X	
271	12/29/2016	KP MEDICAL CARE PC		X			12		X	
271	1/20/2017	KP MEDICAL CARE PC			A				X	
272	10/10/2016	JFP MEDICAL SERVICES PC	X	X	A		8			
272	11/1/2016	JFL MEDICAL CARE PC	X	X			40	X	X	X
272	12/1/2016	KP MEDICAL CARE PC	X	X	A				X	
272	12/7/2016	JFL MEDICAL CARE PC	X	X	A	X	40	X	X	X

Exhibit 7 - Trigger Point Injections

RICO NO.	Date of Service	Provider	Patient Reported Pain			Total TP Injections	TP Bilateral	Total Dry Needling	Dry Bilateral	Patient tolerated well	Patient No complications
			7 or Higher	2 + Regions							
262	10/17/2016	ALLAY MEDICAL SERVICES PC	X	X				16	X	X	
262	10/26/2016	JFL MEDICAL CARE PC	X	X				40	X	X	X
273	10/21/2016	ALLAY MEDICAL SERVICES PC	X	X				36	X	X	
273	11/7/2016	KP MEDICAL CARE PC	X	X				40	X	X	
273	12/7/2016	JFL MEDICAL CARE PC	X	X		A	X	36	X	X	X
273	12/12/2016	KP MEDICAL CARE PC	X	X		A		36	X	X	
273	1/9/2017	KP MEDICAL CARE PC		X		A		56	X	X	
246	11/1/2016	JFL MEDICAL CARE PC	X			A	X	40	X	X	X
229	11/3/2016	KP MEDICAL CARE PC	X			A			X	X	
229	12/8/2016	KP MEDICAL CARE PC	X	X				52	X	X	
266	11/3/2016	KP MEDICAL CARE PC	X	X				28	X	X	
269	11/17/2016	KP MEDICAL CARE PC	X	X				56	X	X	
274	12/14/2016	JFL MEDICAL CARE PC	X	X				36		X	X
275	11/23/2016	JFL MEDICAL CARE PC	X	X				32	X	X	X
275	12/1/2016	KP MEDICAL CARE PC	X	X		A		36	X	X	
281	11/30/2016	JFL MEDICAL CARE PC	X	X		B	B	B	B	B	B
281	12/2/2016	KP MEDICAL CARE PC	X					44	X	X	
282	11/30/2016	JFL MEDICAL CARE PC	X	X				40	X	B	B
280	12/1/2016	KP MEDICAL CARE PC	X	X				52	X	X	
276	12/5/2016	KP MEDICAL CARE PC	X	X				64	X	X	
276	1/16/2017	KP MEDICAL CARE PC	X	X				14		X	
283	12/5/2016	KP MEDICAL CARE PC	X	X				64	X	X	X
277	12/5/2016	KP MEDICAL CARE PC	X	X		A		56	X	X	
284	12/8/2016	KP MEDICAL CARE PC	B	B		B	B	B	B	B	B
278	12/12/2016	KP MEDICAL CARE PC	X			A				X	
286	12/14/2016	JFL MEDICAL CARE PC				A		36	X	X	X
286	1/18/2017	JFL MEDICAL CARE PC	X	X		A		36	X	X	X
287	12/15/2016	KP MEDICAL CARE PC						14		X	
288	12/15/2016	KP MEDICAL CARE PC		X		A		34	X	X	
289	12/28/2016	JFL MEDICAL CARE PC	X	X		B	B	B	B	B	B
289	12/29/2016	KP MEDICAL CARE PC	X	X		A		60	X	X	
285	12/29/2016	KP MEDICAL CARE PC	X	X				28	X	X	blank
285	1/4/2017	JFL MEDICAL CARE PC	X	X				38	X	X	X
285	1/23/2017	KP MEDICAL CARE PC	X	X		A		16	X	X	
293	1/3/2017	KP MEDICAL CARE PC	X	X		A		28	X	X	
294	1/3/2017	KP MEDICAL CARE PC				A				X	
294	1/23/2017	KP MEDICAL CARE PC		X				20	X	X	
295	1/3/2017	KP MEDICAL CARE PC	X	X		A		56	X	X	
202	1/4/2017	JFL MEDICAL CARE PC	X	X		A		40		X	X
202	1/9/2017	KP MEDICAL CARE PC	X	X				64	X	X	
296	1/9/2017	KP MEDICAL CARE PC	X					36	X	X	

Exhibit 7 - Trigger Point Injections

RICO NO.	Date of Service	Provider	Patient Reported Pain			Total TP Injections	TP Bilateral	Total Dry Needling	Dry Bilateral	Patient tolerated well	Patient No complications
			7 or Higher	2 + Regions							
296	1/20/2017	KP MEDICAL CARE PC	X	X		A		52	X	X	X
297	1/9/2017	KP MEDICAL CARE PC	X	X				28	X	X	
298	1/9/2017	KP MEDICAL CARE PC	X	X				60	X	X	
290	1/12/2017	KP MEDICAL CARE PC	X	X		A		56	X	X	
291	1/12/2017	KP MEDICAL CARE PC	X	X		A		72	X	X	
299	1/12/2017	KP MEDICAL CARE PC		X		A		52	X	X	

(A) Form indicates a trigger point injection or dry needling was performed but does not indicate the number of muscles injected.

(B) Missing or incomplete record.

Exhibit 8

Page 1

8886

Page 2

Page 201 of 481

RCD NO	First DMEPOS Date	DME Provider Name	Prescribing Doctor	Date of Service	Medicare	Cervical Pillow	Cervical Collar	Therapeutic Electric Heating Pad	Bed Board	Advanced Cervical Collar	Cervical Collar 2hrs	LSD	LSD Control	Intra Support	Shoulder Support	Lumbar Cushion	Date of Service	Predecessor Unit/Pneum.	EMS	Cervical Traction	Hydro Massagers	Whirlpool	Massage	Lumbar Traction Unit	Date of Service	Provider	Pneum. Compressor Non-Bag	Cervical Traction Unit	Free Ortho	Shoulder Ortho
68	4/15/2014	MADISON	Kentel Patena MD	4/15/2014	5204-24	E0190	E0194	E0215	E0274	U0174	U0119	U0827	U0831	L1182	L3965	T5001	5/27/2014	E0480	B782	E0849	E1310	E1399	E1399	E2604	5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	E0850	E0855	L1446	L3971
69	4/17/2014	MADISON	Lupina Dabiri	4/17/2014	5204-24	4/17/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
70	4/17/2014	MADISON	Lupina Dabiri	4/17/2014	5204-24	4/17/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
71	4/17/2014	MADISON	Lupina Dabiri	4/17/2014	5204-24	4/17/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
72	5/27/2014	MADISON	Kentel Patena MD	5/27/2014	5204-24	5/27/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
73	5/27/2014	MADISON	Kentel Patena MD	5/27/2014	5204-24	5/27/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
74	5/27/2014	MADISON	Kentel Patena MD	5/27/2014	5204-24	5/27/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
75	5/27/2014	MADISON	Kentel Patena MD	5/27/2014	5204-24	5/27/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
76	6/1/2014	MADISON	Kentel Patena MD	6/1/2014	5204-24	6/1/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
77	6/1/2014	MADISON	Kentel Patena MD	6/1/2014	5204-24	6/1/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
78	6/1/2014	MADISON	Kentel Patena MD	6/1/2014	5204-24	6/1/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
79	6/1/2014	MADISON	Kentel Patena MD	6/1/2014	5204-24	6/1/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
80	6/1/2014	MADISON	Kentel Patena MD	6/1/2014	5204-24	6/1/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
81	6/1/2014	MADISON	Kentel Patena MD	6/1/2014	5204-24	6/1/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
82	6/1/2014	MADISON	Kentel Patena MD	6/1/2014	5204-24	6/1/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
83	6/1/2014	MADISON	Kentel Patena MD	6/1/2014	5204-24	6/1/2014	5204-24	563.16	5101.75	\$382.34	\$382.34	\$322.98	\$806.64	\$607.55	\$400.15	\$513.75	5/27/2014								5/27/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
84	7/15/2014	MADISON	James Francoist Patena MD	7/15/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	7/12/2014								8/5/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
85	7/15/2014	MADISON	James Francoist Patena MD	7/15/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	7/12/2014								8/5/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
86	7/15/2014	MADISON	James Francoist Patena MD	7/15/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	7/12/2014								8/5/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
87	7/15/2014	MADISON	James Francoist Patena MD	7/15/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	7/12/2014								8/5/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
88	7/15/2014	MADISON	James Francoist Patena MD	7/15/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	7/12/2014								8/5/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
89	7/24/2014	MADISON	Noel E Blackman MD	7/24/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	7/12/2014								8/12/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
90	7/24/2014	MADISON	Noel E Blackman MD	7/24/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	7/12/2014								8/12/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
91	7/24/2014	MADISON	Noel E Blackman MD	7/24/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	7/12/2014								8/12/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
92	8/1/2014	MADISON	Noel E Blackman MD	8/1/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	7/12/2014								8/4/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
93	8/1/2014	MADISON	Noel E Blackman MD	8/1/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	7/12/2014								8/4/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
94	8/1/2014	MADISON	Noel E Blackman MD	8/1/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	7/12/2014								8/4/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
95	9/2/2014	MADISON	James Francoist Patena MD	9/2/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	9/10/2014								9/10/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
96	9/2/2014	MADISON	James Francoist Patena MD	9/2/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	9/10/2014								9/10/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
97	9/2/2014	MADISON	James Francoist Patena MD	9/2/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	9/10/2014								9/10/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
98	9/4/2014	MADISON	James Francoist Patena MD	9/4/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	9/10/2014								9/10/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
99	9/4/2014	MADISON	James Francoist Patena MD	9/4/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	9/10/2014								9/10/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
100	9/4/2014	MADISON	James Francoist Patena MD	9/4/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	9/10/2014								9/10/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
101	9/2/2014	MADISON	James Francoist Patena MD	9/2/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	9/10/2014								9/10/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
102	9/2/2014	MADISON	James Francoist Patena MD	9/2/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	9/10/2014								9/10/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
103	9/2/2014	MADISON	James Francoist Patena MD	9/2/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	9/10/2014								9/10/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
104	9/2/2014	MADISON	James Francoist Patena MD	9/2/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	9/10/2014								9/10/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
105	10/1/2014	MADISON	Kentel Patena MD	10/1/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	10/16/2014								10/16/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
106	10/1/2014	MADISON	Kentel Patena MD	10/1/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	10/16/2014								10/16/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
107	10/1/2014	MADISON	Kentel Patena MD	10/1/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	10/16/2014								10/16/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
108	10/2/2014	MADISON	James Francoist Patena MD	10/2/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	10/23/2014								10/23/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
109	10/2/2014	MADISON	James Francoist Patena MD	10/2/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	10/23/2014								10/23/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
110	10/2/2014	MADISON	James Francoist Patena MD	10/2/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	10/23/2014								10/23/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
111	10/17/2014	MADISON	James Francoist Patena MD	10/17/2014	5153-13	E2204	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	E2038	10/16/2014								10/16/2014	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		

Page 4

Page 4

Exhibit 8 - 1786 Flatbush DME Providers

RCD NO.	First DME POS	DME Provider Name	Prescribing Doctor	Bundle A										Bundle B										Bundle C					
				Date of Service	Matress	Cervical Pillow	Therapeutic Electric Heating Pad	Bed Board	Advanced Cervical Collar	Cervical Collar 2in	LSD	LSD Control	Knee Support	Shoulder Support	Lumbar Cushion	Date of Service	Processor Elec./Pneum.	EMS	Cervical Pneum. Traction	Hydro Massagers	Wheelchair	Massager	Lumbar Traction Unit	Date of Service	Provider	Pneum. Compressor Non-Reg.	Cervical Traction Unit	Knee Orinals	Shoulder Orinals
270	10/20/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	10/20/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	10/28/2016	\$355.56	\$699.00		\$398.00			E2614	11/16/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		L1867
272	10/20/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	10/20/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64	\$607.55		\$609.75	10/31/2016	\$355.56	\$699.00		\$398.00				11/18/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
273	10/26/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	10/26/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	11/9/2016	\$355.56	\$699.00		\$398.00				11/15/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
281	12/8/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/8/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	12/28/2016	\$355.56	\$699.00		\$398.00				12/8/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
275	12/9/2016	SUPPLY/QUALITY CUSTOM MEDICAL SUPPLY INC	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/9/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	12/16/2016	\$355.56	\$699.00		\$398.00				12/9/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
278	12/9/2016	SUPPLY/QUALITY CUSTOM MEDICAL SUPPLY INC	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/9/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64	\$722.59		\$609.75	12/19/2016	\$355.56	\$699.00		\$398.00				12/9/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
279	12/9/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/9/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	12/19/2016	\$355.56	\$699.00		\$398.00				12/9/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
276	12/12/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/12/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	12/19/2016	\$355.56	\$699.00		\$398.00				12/12/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
283	12/12/2016	SUPPLY/QUALITY CUSTOM MEDICAL SUPPLY INC	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/12/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	12/19/2016	\$355.56	\$699.00		\$398.00				12/12/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
277	12/12/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/12/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	12/23/2016	\$355.56	\$699.00		\$398.00				12/12/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
274	12/12/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/12/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	12/23/2016	\$355.56	\$699.00		\$398.00				12/12/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
280	12/14/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/14/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	12/23/2016	\$355.56	\$699.00		\$398.00				12/12/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
284	12/20/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/20/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	12/23/2016	\$355.56	\$699.00		\$398.00				12/20/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
287	12/21/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/21/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	12/23/2016	\$355.56	\$699.00		\$398.00				12/21/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
288	12/21/2016	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	12/21/2016	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	12/23/2016	\$355.56	\$699.00		\$398.00				12/21/2016	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
285	1/4/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/4/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/3/2017	\$355.56	\$699.00		\$398.00				1/3/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
291	1/4/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/4/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/9/2017	\$355.56	\$699.00		\$398.00				1/3/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
289	1/5/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/5/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/12/2017	\$355.56	\$699.00		\$398.00				1/5/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
292	1/5/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/5/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/18/2017	\$355.56	\$699.00		\$398.00				1/5/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
290	1/12/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/12/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/25/2017	\$355.56	\$699.00		\$398.00				1/12/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
293	1/16/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/16/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/25/2017	\$355.56	\$699.00		\$398.00				1/16/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
294	1/16/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/16/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/25/2017	\$355.56	\$699.00		\$398.00				1/16/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
202	1/16/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/16/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/25/2017	\$355.56	\$699.00		\$398.00				1/16/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
286	1/18/2017	QUALITY CUSTOM MEDICAL SUPPLY INC	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/18/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/25/2017	\$355.56	\$699.00		\$398.00				1/18/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
299	1/18/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/18/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/25/2017	\$355.56	\$699.00		\$398.00				1/18/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
298	1/18/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/18/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/25/2017	\$355.56	\$699.00		\$398.00				1/18/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
296	1/20/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/20/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/25/2017	\$355.56	\$699.00		\$398.00				1/20/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		
295	1/24/2017	AR QUALITY HEALTH SUPPLY	Jules Francoise Parisen MD/ Francis Joseph Lucina MD/ Renee Demobrega NP	1/24/2017	\$153.13	\$22.04	\$20.09	\$101.85	\$130.00	\$311.75	\$322.88	\$806.64			\$609.75	1/25/2017	\$355.56	\$699.00		\$398.00				1/24/2017	QUALITY CUSTOM MEDICAL SUPPLY	\$531.06	\$502.63		

Exhibit 9

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE
 (This form is not for verification of hospital treatment)

DATE 11/24/2014	POLICYHOLDER [REDACTED]	POLICY NUMBER 053861607	DATE OF ACCIDENT 11/1/2014	CLAIM NUMBER 07-550R-951
--------------------	----------------------------	----------------------------	-------------------------------	-----------------------------

Ksenia Pavlova M.D.
 1786 Flatbush Ave
 Brooklyn, NY 11210

STATE FARM INSURANCE COMPANIES CLAIM OFFICE
 PO Box 106107
 Atlanta GA 30348-6107

PHONE NO. (800) 921-9258 Ext. 59

Melissa Davidson
 CLAIM REPRESENTATIVE

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE, THIS COMPLETED FORM MUST BE SUBMITTED TO THE INSURER AS SOON AS REASONABLY POSSIBLE BUT NO LATER THAN 45 DAYS OR 180 DAYS AFTER TREATMENT DATE, DEPENDING UPON THE POLICY ENDORSEMENT IN EFFECT AT THE TIME OF THE ACCIDENT. IF YOU ARE UNSURE OF THE APPLICABLE TIME REQUIREMENT, KINDLY CONTACT THE CLAIMS REPRESENTATIVE TO DETERMINE WHICH DEADLINE IS APPLICABLE TO THIS CLAIM.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES.

1. Patient's Name and Address
 [REDACTED]

2. Date of Birth [REDACTED] 3. Sex ☒ M ☐ F 4. Occupation (if known)

5. Diagnosis and Concurrent Conditions
 724.2, 717.46, 844.9

6. When did symptoms first appear?
 Date: 11-1-14

7. When did patient first consult you for this condition?
 Date: 11/5/14

8. Has patient ever had same or similar condition? ☐ Yes ☒ No If "Yes", state when and describe:

9. Is condition solely a result of this automobile accident? ☒ Yes ☐ No If "No", explain:

10. Is condition due to injury arising out of a patient's employment? ☐ Yes ☐ No

11. Will injury result in significant disfigurement or permanent disability? ☐ Yes ☐ No ☐ Not determinable at this time
 If "Yes", describe:

12. Patient was disabled (unable to work) From: Through:

13. If still disabled, the patient should be able to return to work on: (Date)

14. Will the patient require rehabilitation and/or occupational therapy as a result of the injuries sustained in this accident?
☒ Yes ☐ No If "Yes", describe your recommendation below:
 Physical Therapy

CONTINUE ON PAGE 2

VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE
PAGE 2

15. Report of Services Rendered - Attach additional sheet if necessary				
Date of Service	Place of Service Including ZIP Code	Description of Treatment or Health Services Rendered	Fee Schedule Treatment Code	Charges
//	//	Previously sent	//	//
Total Charges To Date \$				

16. If treating provider is different than billing provider complete the following:

Treating Provider's Name	Title	License or Certification Number	Business Relationship (Check Applicable Box)		
Theresa Dubon	DO	27010	Employee	Independent Contractor	Other (Specify)

17. If the provider of service is a professional service corporation or doing business under an assumed name (DBA), list the owner and professional licensing credentials of all owners (Provide an additional attachment if necessary.)

18. Is patient still under your care for this condition? ☒ Yes ☐ No

19. Estimated duration of future treatment Undetermined at this time

PATIENT: Your health provider may agree to accept payment for health services performed directly from your insurer (Authorization to Pay Benefits) so that you are not required to make payment to the health provider at the time of service. Such agreement is optional on the part of the health provider at the time of service. Such agreement is optional on the part of the health provider and must be signed by both the patient and health provider. You may use the optional authorization language provided below, by checking off the designated spot in item 20 of this form.

20. (IF YOU HAVE CHOSEN TO AUTHORIZE THE DIRECT PAYMENT OF BENEFITS BY CHECKING THIS OPTION, YOU MAY NOT ALSO ENTER INTO AN ASSIGNMENT OF BENEFITS CONTAINED IN #21)

AUTHORIZATION TO PAY BENEFITS:
I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICES DESCRIBED BELOW. I RETAIN ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW.

PRINT NAME On File SIGNED Previously sent
PATIENT PATIENT DATE

PATIENT: Your health provider may agree to have you assign your right to No-Fault benefits from your insurer directly to your health provider (Assignment of Benefits). If you and your health provider agree to the assignment of benefits, you must both sign the agreement contained in #21 or the prescribed NF-AOB form or its equivalent. The language contained in the assignment of benefits is mandatory and may not be altered or avoided by any other language added to this agreement or other written agreement.

21. (IF YOU HAVE CHOSEN TO ASSIGN YOUR BENEFITS TO THE HEALTH PROVIDER BY CHECKING THIS OPTION, YOU MAY NOT ALSO ENTER INTO AN AUTHORIZATION TO PAY BENEFITS CONTAINED IN ITEM #20 ABOVE)

ASSIGNMENT OF NO-FAULT BENEFITS:
I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO PAYMENT FOR HEALTH CARE SERVICES PROVIDED BY THE ASSIGNEE TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT STATUTE) OF THE INSURANCE LAW. THE ASSIGNEE HEREBY CERTIFIES THAT THEY HAVE NOT RECEIVED ANY PAYMENT FROM OR ON BEHALF OF THE ASSIGNOR AND SHALL NOT PURSUE PAYMENT DIRECTLY FROM THE ASSIGNOR FOR SERVICES PROVIDED BY SAID ASSIGNEE FOR INJURIES SUSTAINED DUE TO THE MOTOR VEHICLE ACCIDENT, NOTWITHSTANDING ANY OTHER AGREEMENT TO THE CONTRARY. THIS AGREEMENT MAY BE REVOKED BY THE ASSIGNEE WHEN BENEFITS ARE NOT PAYABLE BASED UPON THE ASSIGNOR'S LACK OF COVERAGE AND/OR VIOLATION OF A POLICY CONDITION DUE TO THE ACTIONS OR CONDUCT OF THE ASSIGNOR.

PRINT NAME SIGNED
PATIENT (Assignor) PATIENT DATE

PRINT NAME SIGNED
(PROVIDER OF HEALTH CARE SERVICE-Assignee) (PROVIDER OF HEALTH CARE SERVICE) DATE

HAS AN ORIGINAL AUTHORIZATION OR ASSIGNMENT PREVIOUSLY BEEN EXECUTED? ☒ Yes ☐ No

IS THE ORIGINAL SIGNATURE OF THE PARTIES ON FILE? ☒ Yes ☐ No

Date 2-22-14	Provider's Signature 	IRS/TN Identification No. 46-8252836	WCB Rating Code (If none, specialty)
-----------------	---	---	--------------------------------------

* LANGUAGE TO BE FILLED IN BY INSURER OR SELF-INSURER

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE
(This form is not for verification of hospital treatment)

DATE 4/24/2014	POLICYHOLDER [REDACTED]	POLICY NUMBER 212158352	DATE OF ACCIDENT 4/9/2014	CLAIM NUMBER 52-4F22-910
-------------------	----------------------------	----------------------------	------------------------------	-----------------------------

Dr. K. Pomova MD
1786 Flatbush Ave
BROOKLYN NY 11210

STATE FARM INSURANCE COMPANIES CLAIM OFFICE
PO Box 106107
Atlanta GA 30348-6107

PHONE NO (800) 921-9258 Ext. 59

Kate Sullivan

CLAIM REPRESENTATIVE

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE, THIS COMPLETED FORM MUST BE SUBMITTED TO THE INSURER AS SOON AS REASONABLY POSSIBLE BUT NO LATER THAN 45 DAYS OR 180 DAYS AFTER TREATMENT DATE, DEPENDING UPON THE POLICY ENDORSEMENT IN EFFECT AT THE TIME OF THE ACCIDENT. IF YOU ARE UNSURE OF THE APPLICABLE TIME REQUIREMENT, KINDLY CONTACT THE CLAIMS REPRESENTATIVE TO DETERMINE WHICH DEADLINE IS APPLICABLE TO THIS CLAIM.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES

1. Patient's Name and Address
[REDACTED]

2 Date of Birth
[REDACTED]

3 Sex
☒ M ☐ F

4 Occupation (if known)

5 Diagnosis and Concurrent Conditions

847.0, 847.1, 847.2, 717.46

6. When did symptoms first appear?

Date 4-9-14

7. When did patient first consult you for this condition?

Date: 4-10-14

8. Has patient ever had same or similar condition? ☐ Yes ☒ No If "Yes", state when and describe.

9 Is condition solely a result of this automobile accident? ☒ Yes ☐ No If "No", explain:

10. Is condition due to injury arising out of a patient's employment? ☐ Yes ☐ No

11. Will injury result in significant disfigurement or permanent disability? ☐ Yes ☐ No ☐ Not determinable at this time

If "Yes", describe:

12 Patient was disabled (unable to work) From Through

13. If still disabled the patient should be able to return to work on (Date)

14. Will the patient require rehabilitation and/or occupational therapy as a result of the injuries sustained in this accident?

☒ Yes ☐ No If "Yes", describe your recommendation below

Physical Therapy

CONTINUE ON PAGE 2

VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE
PAGE 2

15 Report of Services Rendered - Attach additional sheet if necessary				
Date of Service	Place of Service Including ZIP Code	Description of Treatment or Health Services Rendered	Fee Schedule Treatment Code	Charges
		Previously Sent		
			Total Charges To Date \$	

16. If treating provider is different than billing provider complete the following:

Treating Provider's Name	Title	License or Certification Number	Business Relationship (Check Applicable Box)		
Ingenia Padava M.D.		270110	Employee	Independent Contractor	Other (Specify)

17. If the provider of service is a professional service corporation or doing business under an assumed name (DBA), list the owner and professional licensing credentials of all owners (Provide an additional attachment if necessary)

18. Is patient still under your care for this condition? ☒ Yes ☐ No

19. Estimated duration of future treatment undetermined

PATIENT: Your health provider may agree to accept payment for health services performed directly from your insurer (Authorization to Pay Benefits) so that you are not required to make payment to the health provider at the time of service. Such agreement is optional on the part of the health provider at the time of service. Such agreement is optional on the part of the health provider and must be signed by both the patient and health provider. You may use the optional authorization language provided below, by checking off the designated spot in item 20 of this form.

20. (IF YOU HAVE CHOSEN TO AUTHORIZE THE DIRECT PAYMENT OF BENEFITS BY CHECKING THIS OPTION, YOU MAY NOT ALSO ENTER INTO AN ASSIGNMENT OF BENEFITS CONTAINED IN #21)

AUTHORIZATION TO PAY BENEFITS
I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICES DESCRIBED BELOW. I RETAIN ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW.

PRINT NAME ON FILE SIGNED Previously Sent
PATIENT
PATIENT
DATE

PATIENT: Your health provider may agree to have you assign your right to No-Fault benefits from your insurer directly to your health provider (Assignment of Benefits). If you and your health provider agree to the assignment of benefits, you must both sign the agreement contained in #21 or the prescribed NF-AOB form or its equivalent. The language contained in the assignment of benefits is mandatory and may not be altered or avoided by any other language added to this agreement or other written agreement.

21. (IF YOU HAVE CHOSEN TO ASSIGN YOUR BENEFITS TO THE HEALTH PROVIDER BY CHECKING THIS OPTION, YOU MAY NOT ALSO ENTER INTO AN AUTHORIZATION TO PAY BENEFITS CONTAINED IN ITEM #20 ABOVE)

ASSIGNMENT OF NO-FAULT BENEFITS:
I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO PAYMENT FOR HEALTH CARE SERVICES PROVIDED BY THE ASSIGNEE TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT STATUTE) OF THE INSURANCE LAW. THE ASSIGNEE HEREBY CERTIFIES THAT THEY HAVE NOT RECEIVED ANY PAYMENT FROM OR ON BEHALF OF THE ASSIGNOR AND SHALL NOT PURSUE PAYMENT DIRECTLY FROM THE ASSIGNOR FOR SERVICES PROVIDED BY SAID ASSIGNEE FOR INJURIES SUSTAINED DUE TO THE MOTOR VEHICLE ACCIDENT, NOTWITHSTANDING ANY OTHER AGREEMENT TO THE CONTRARY. THIS AGREEMENT MAY BE REVOKED BY THE ASSIGNEE WHEN BENEFITS ARE NOT PAYABLE BASED UPON THE ASSIGNOR'S LACK OF COVERAGE AND/OR VIOLATION OF A POLICY CONDITION DUE TO THE ACTIONS OR CONDUCT OF THE ASSIGNOR.

PRINT NAME // SIGNED //
PATIENT (Assignor)
PATIENT
DATE

PRINT NAME _____ SIGNED _____
(PROVIDER OF HEALTH CARE SERVICE-Assignee)
(PROVIDER OF HEALTH CARE SERVICE)
DATE

HAS AN ORIGINAL AUTHORIZATION OR ASSIGNMENT PREVIOUSLY BEEN EXECUTED? ☒ Yes ☐ No

IS THE ORIGINAL SIGNATURE OF THE PARTIES ON FILE? ☒ Yes ☐ No

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Date 4.29.14	Provider's Signature 	IRS/TN Identification No. 463282836	WCB Rating Code (If none, specially) M.D.
-----------------	--------------------------	--	--

Exhibit 10

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS - CRIMINAL TERM - PART 11

-----X
THE PEOPLE OF THE STATE OF NEW YORK,

-against-

Indictment
No.4270-99

TATIANA RYBUK,

Defendant.

-----X
PLEA

360 Adams Street
Brooklyn, New York
October 27, 1999

B E F O R E:

HONORABLE NEIL JON FIRETOG,

Justice.

A P P E A R A N C E S:

OFFICE OF CHARLES J. HYNES, ESQ.
DISTRICT ATTORNEY, KINGS COUNTY
Attorney for the People
BY: ANN SEELY, ESQ.,
& ELLEN BURACH, ESQ.,
Assistant District Attorneys

DAVID RUCK, ESQ.,
Attorney for the Defendant
One Whitehall Street
New York, NY 10004

Teresa McGrath
Official Court Reporter

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

THE CLERK: Calendar number eleven,
Indictment 4270 of 1999, Tatiana Rybuk.
Defendant is present with attorney.
Your appearance, for the record?

MS. SEELY: Ann Seely, for the Office
of the District Attorney.

MR. RUCK: Good afternoon, your
Honor.

My appearance is David Ruck, R-u-c-k,
One Whitehall Street, New York City.

MS. BURACH: Ellen Burach, for the
Office of the District Attorney.

THE COURT: All right. I have been
provided with a possible disposition to
this case and in exchange for a plea of
guilty to an attempt to count one, plead
guilty to count three, and a plea of
guilty to twelve other insurance fraud
counts that this will be in full
satisfaction of all charges in this
indictment as well as any other pending or
any other matter stemming out of this
criminal activity and that in exchange for
these pleas that I will sentence the

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

defendant to five years probation with five special conditions, including community service, restitution, waiver of unpaid claims, signing corporate resolutions, and refraining from engaging in certain activities.

THE CLERK: Community service?

THE COURT: Yes.

Miss Rybuk, is that what you want to do?

THE DEFENDANT: Yes.

THE COURT: Listen to me carefully.

Raise your right hand.

Do you swear to tell the truth, the whole truth, and nothing but the truth?

THE DEFENDANT: Yes.

THE COURT: Put your hand down.

Listen to me carefully, according to the facts as I understand them to be, it is alleged that you, acting in concert with a number of other individuals including Paul Schneider, Julia Kofman, Gene Arbitman, and various medical PC corporations, including Bakshi Medical

Plea

Services, HAS Medical Services, All Medical Surgical Supply Corp, Jamaica Avenue Medical Services, PC, Flatbush Medical Services PC, Bulsara Medical Services PC, all engaged in the crime of enterprise corruption in that on or about and between December 2nd of 1996 and April 12th of 1999, these dates being approximate and inclusive, here in the County of Kings and elsewhere, that you, acting in concert with these other defendants, having knowledge of the existence of this criminal enterprise and of the nature of its activities, being employed by or associated with such enterprise, intentionally conducted and participated in the affairs of the enterprise by participating in a pattern of criminal activity, including making payoffs to persons known as steerers who brought individuals, who had purportedly been in automobile accidents, to medical clinics as patients so that services could be billed; fraudulently billing insurance

Plea

companies for unnecessary and/or unperformed medical visits and procedures related to these patient-claimants under the carriers' State of New York No-Fault automobile insurance policies; also fraudulently billing insurance carriers for unnecessary and/or unperformed physical therapy treatment for these patients; fraudulently billed insurance carriers for durable medical equipment using forged doctors' prescriptions and false backup invoices; and fraudulently billed for studies, including nerve conduction studies known as CAT scans -- as well as CAT scans, x-rays, MRI's all based upon forged and false medical reports.

Are these facts true?

THE DEFENDANT: Yes.

THE COURT: You were engaged in doing this?

THE DEFENDANT: Yes.

THE COURT: Specifically, there are a number of acts that are required to show

Plea

the pattern activity, in this case there are at least sixty some-odd acts alleged and I want to ask you specifically about two of them.

On or about and between August 2nd of 1997 and September 17th of 1997, both dates being approximate and inclusive, here in Brooklyn, you, Paul Schneider, Julia Kofman, Gene Arbitman, and the Jamaica Clinic, acting in concert with others, with the intent to defraud, including intent to commit another crime including Grand Larceny and Insurance Fraud, you aided and concealed the commission thereof that crime by making and causing to be made false entries in business records of an enterprise, namely physical therapy progress notes submitted to the Allcity Insurance Company from the Jamaica Clinic pursuant to a claim number 413-016-959-8 for services allegedly rendered on August 2nd of 1997, August 6th, and August 7th of 1997.

Is that true?

TM.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

THE DEFENDANT: Yes.

THE COURT: It's also alleged that on or about July 17th of 1997 and August 21st of 1997, that you, acting in concert with the same individuals and the Bakshi Clinic did commit the crime of Grand Larceny and Insurance Fraud and aided and concealed the commission of that crime by making false entries in business records of an enterprise, namely physical therapy progress notes submitted to Allcity from Bakshi pursuant to claim 413-016-960-7 for services allegedly rendered and that occurred on July 17th, 19th, and 21st of 1997.

Are those true, also?

THE DEFENDANT: Yes.

THE COURT: Now I know you have discussed with Mr. Ruck the remaining sixty acts, and in discussing those acts, and I ask you now, are those acts true, that you committed those acts with these other individuals?

THE DEFENDANT: Yes.

1 Plea

2 THE COURT: Now, it's also alleged
3 that you engaged, under count three, with
4 a scheme to defraud.

5 MR. RUCK: Your Honor, if I may, I may
6 not have been listening attentively, but
7 the allocution on count one is as to
8 Attempted Enterprise Corruption in
9 violation of 110/460-20; is that correct?

10 THE COURT: Subdivision 1, Subdivision
11 A.

12 MR. RUCK: Thank you.

13 THE COURT: Under count three it's
14 alleged that you, acting in concert with
15 the same individuals, committed the crime
16 of a Scheme to Defraud in the First
17 Degree, in that you and others, these
18 defendants, on or about and between
19 December 2nd of 1996 and April 12th of
20 1999, both dates being approximate and
21 inclusive, here in the County of Kings and
22 elsewhere, acting in concert, engaged in a
23 scheme constituting a systematic ongoing
24 course of conduct with the intent to
25 defraud more than one person and to obtain

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

property from more than one person by false and fraudulent pretenses, representations and promises, and so obtained property with a value in excess of \$1,000, that is currency, from the various insurance carriers, including Allcity, Progressive, Allstate, Geico, Nationwide, Prudential, State Farm, Integon, New York Central, National Grange, Eagle and American Transit.

Are those facts true?

THE DEFENDANT: Yes.

THE COURT: I also want to add at this point before we continue that it has come to my attention that Prudential is one of the insurance companies defrauded. My wife is a vice-president for Prudential in the compliance area.

Does that affect this plea in any way?

MR. RUCK: No, your Honor.

THE COURT: All right.

Now, it is alleged that you committed the crimes of Insurance Fraud against

Plea

various insurance companies and they have selected twelve different instances where it is alleged that between a particular time and place and date, here being in Brooklyn, that you, acting in concert with Paul Schneider, Julia Kofman, and Gene Arbitman, as well as various of these clinics, did, with the intent to defraud and to commit another crime, excuse me, did commit the crime of Insurance Fraud by committing a fraudulent insurance act in that you knowingly and with intent to defraud, and pursuant to a common scheme or plan, presented or caused to be presented, and prepared with the knowledge and belief that it would be presented to an insurer or to an agent of an insurance company, a written statement as part of and in support of a claim for payment and other benefit pursuant to an insurance policy for commercial or personal insurance, which you knew to contain materially false information concerning a material fact, and that you concealed, for

Plea

the purpose of misleading, information concerning that material fact; namely, various acts.

Now I am going to go through these acts and you will tell me whether or not it's true.

Under count nineteen it's alleged that this occurred between August 2nd of 1997 and September 17th of 1997 where physical therapy progress notes were submitted to Allcity from the Jamaica Clinic pursuant to a claim for services rendered on August 2nd of 1997, the 4th, and the 6th.

Is that true?

THE DEFENDANT: Yes.

THE COURT: Under count thirty-five it's alleged that the defendants, acting together, on or about September 19th of 1997 and October 24th of 1997 submitted a false medical report to Progressive from the Flatbush Clinic for services allegedly rendered on September 19th of 1997.

Is that true?

THE DEFENDANT: Yes.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

THE COURT: It's also alleged in count fifty-nine that between March 23rd of '98 and April 16th of 1998 you submitted, with these others, for the purpose of misleading, a medical report to Allstate Insurance from the HAS Clinic for services allegedly rendered on March 23rd of 1998.

Is that true?

THE DEFENDANT: Yes.

THE COURT: It's also alleged in count sixty-seven that between December 15th of '97 and February 20th of 1998, that a false medical report was submitted to Geico from the ALL Clinic pursuant to a claim for services allegedly rendered on December 18th of 1997.

Is that true?

THE DEFENDANT: Yes.

THE COURT: Under count eighty-three it's alleged that a false medical report was submitted to Nationwide from the Bakshi Clinic for a claim allegedly for services rendered on September 25th of 1996 and that this was between that date

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

and the date of payment of December 19th
of '97.

Are those facts true?

THE DEFENDANT: Yes.

THE COURT: On the eighty-seventh
count it's alleged that between July 12th
of '97 and August 21st of '97, that
everyone knew about and participated in
the filing of false physical therapy
progress report notes to the Prudential
from Bakshi which alleged services
rendered on July 12th.

Is that true?

THE DEFENDANT: Yes.

THE COURT: Under the ninety-ninth
count of the indictment it's alleged that
on or about and between October 16th
of '97 and December 1st of '97, that false
physical therapy progress reports were
submitted to State Farm from the Bakshi
Clinic for services allegedly rendered on
October 16th, 18th and 20th.

Is that true?

THE DEFENDANT: Yes.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

THE COURT: It's also alleged that on October 9th of '97 to January 28th of '98, a Verification of Treatment form for the sciatic nerve block was submitted to Eagle Insurance by HAS pursuant to a claim for services allegedly rendered on October 9th of 1997.

Is that true?

THE DEFENDANT: Yes.

MR. RUCK: That's count one hundred one?

THE COURT: One hundred one.

On count one hundred three it is alleged that between November 6th of '97 and February 24th of '98, a false medical prescription for durable medical equipment dated November 6th of '97 was submitted to American Transit for or from the ALL Clinic pursuant to claim number 604-457-07.

Is that true?

THE DEFENDANT: Yes.

THE COURT: And as to the hundred and seventh count it's alleged that on or

Plea

about and between November 28th of '97 and February 23rd of '98, that a false medical report was submitted to Integon from Bakshi Clinic for services allegedly rendered on November 28th of 1997.

Are those facts true?

THE DEFENDANT: Yes.

THE COURT: As to the hundred and fifteenth count it's alleged that a false Verification of Treatment form for sciatic nerve block was submitted to New York Central from the HAS Clinic for services allegedly rendered on October 10th of 1997 for a period covering October 10th to January 19th of '98.

Are those facts true?

THE DEFENDANT: Yes.

THE COURT: And last, as to the hundred and thirty-seventh count, it's alleged that on or about and between September 16th of '98 and January 29th of '99, that a false medical prescription for durable medical equipment dated September 16th of 1998 was submitted to

1 Plea

2 the National Grange from Bulsara Clinic
3 for claim number 71Y-815-46.

4 Are those facts true? .

5 THE DEFENDANT: Yes.

6 THE COURT: Now, you understand as
7 part of this allocution that it is alleged
8 that you engaged in these fraudulent
9 insurance acts with the knowledge and the
10 participation of the doctors and clinics,
11 including but not limited to an individual
12 by the name of Hussaini, Bulsara,
13 Reyes-Arguelles, Mallela, and Lahiri,
14 and S.L. Medical Services, PC, Canarsie
15 Medical Services, PC, Avenue N Medical
16 Services, PC, Z.A.R.A. Medical Services,
17 PC, and Serenicy Durable and Medical Corp
18 all knew about this.

19 Is that true?

20 THE DEFENDANT: Yes.

21 THE COURT: In furtherance of this
22 criminal enterprise and insurance fraud
23 your group submitted false claims to
24 insurance companies, included but not
25 limited to Allstate, Progressive, Geico,

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

Travelers, as well.

Is this true?

THE DEFENDANT: Yes.

THE COURT: And that part of the
falsity was to forge the signatures of
these doctors mentioned above on medical
reports, progress notes, prescription for
durable medical equipment.

Is that true?

THE DEFENDANT: Yes.

THE COURT: And that Rabiner owned
certain diagnostic centers and was paid
for the referrals that were made to these
imaging companies; is that right?

MR. RUCK: I think actually, your
Honor, it is that those centers made
payments rather than received payments.

MS. BURACH: Right.

THE COURT: All right. They made
kickbacks; is that it?

MS. BURACH: Yes.

THE COURT: To the group, and that's
Metroscan Imaging, Parkway MRI, Belt
Parkway Imaging, Diagnostic Imaging, and

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

Metropolitan Radiological Imaging.

Is that true?

THE DEFENDANT: Yes.

THE COURT: All right. Now, you understand you are pleading guilty to a number of very serious crimes. The promise that I am making you is based upon the agreement that your attorneys worked out with the DA, and I have gone over it and I will go along with it, is that you are going to do five hundred hours community service, you are going to be placed on probation for five years with five special conditions; five hundred hours of community service, restitution of one million dollars to be paid over the five years, and we will work out a schedule, that you will waive all unpaid claims for insurance payments associated with the Avenue U Enterprise, including but not limited to claims related to All Medical Surgical Supply, Corp., Flatbush Medical Services, PC, HAS Medical Services, PC, Avenue U Medical Services,

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

Jamaica Avenue Medical Services, PC,
Bakshi Medical Services, PC, Bulsara
Medical Services, PC, and that you will
sign a release for these unpaid claims
prior to sentencing.

Do you understand that?

THE DEFENDANT: Yes.

THE COURT: And that you will also
sign the corporate resolutions for the
above mentioned corporations to a plea
prior to sentencing so that the
corporations can enter pleas; and last,
that you will not engage in any employment
related to the insurance industry, _____
including No-Fault Insurance, personal
injury or health insurance during these
five years.

Do you understand that?

THE DEFENDANT: Yes.

THE COURT: Now, do you also
understand, do you also understand that
when you plead guilty you give up certain
rights, that have to be noted on the
record?

Plea

Those include the right to a jury trial. Because of the nature of the crimes you are entitled to a jury trial in this case. And that the only way you can give up those rights is to knowingly waive it by pleading guilty.

But, associated with the jury trial is the right to have the DA put to the burden of proving your guilt beyond a reasonable doubt to a jury that you and your attorney help select.

When you plead guilty you give up the right to see and hear all the witnesses that are accusing you of these crimes; you give up the right to have the DAs put to the burden of proving your guilt beyond a reasonable doubt; and you give up the right to have the jury be the one to make the ultimate decision.

Do you understand you are giving that up?

THE DEFENDANT: Yes.

THE COURT: At a jury trial you, too, could testify. You don't have to, you

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

guilty?

THE DEFENDANT: Yes.

THE COURT: Listen to the question.

THE DEFENDANT: No.

THE COURT: All right.

Are you doing so of your own free
will?

THE DEFENDANT: I understand.

MR. RUCK: Are you doing this --

THE COURT: Are you doing it of your
own volition?

THE DEFENDANT: Yes.

THE COURT: All right.

All right. Mr. Ruck, you believe that
she is going to be able to pay this
restitution over five years?

MR. RUCK: Yes, your Honor.

THE COURT: Listen to the clerk of the
court as the plea is recorded.

Sentence date will be approximately
six to eight weeks from today.

MR. RUCK: Your Honor, may I just
clarify a matter, and I think it was made
part of the record when you first

Plea

1
2 addressed it, but I have my checklist, it
3 is understood and agreed that the pleas
4 offered to your Honor are in full
5 satisfaction of the entire indictment and
6 all the matters known to the District
7 Attorney's Office that exist in their
8 investigative files with respect to my
9 client as of this point in time.

10 MS. SEELY: That's correct, your
11 Honor.

12 THE COURT: All right.

13 Listen to the clerk of the court.

14 THE CLERK: Miss Tatiana Rybuk, is
15 that your true name?

16 THE DEFENDANT: Yes.

17 THE CLERK: And Mr. Ruck, who stands
18 beside you, is your attorney?

19 THE DEFENDANT: Yes.

20 THE CLERK: Before accepting your plea
21 of guilty you are advised that if you have
22 previously been convicted of a predicate
23 felony, as defined in Article 70 of the
24 Penal Law, that fact may be established
25 after your plea of guilty in this action

Plea

now before this court and you may be subject to different or additional punishment.

Miss Rybuk, do you now wish to withdraw your pleas of not guilty entered under Indictment 4270 of 1999 and do you now wish to plead guilty to the crimes of Attempted Enterprise Corruption, Class C Felony, as well as Scheme to Defraud in the First Degree, a Class E Felony, and twelve counts of Insurance Fraud in the Fifth Degree, all Class A Misdemeanors, to cover this indictment; is that what you wish to do?

THE DEFENDANT: Yes.

THE CLERK: You are also advised on the date of sentencing a mandatory surcharge of \$150.00, a crime victim's assistance fee of \$5.00 may be imposed pursuant to 60.35 of the Penal Law.

Are you a U.S. citizen, Ms. Rybuk?

THE DEFENDANT: Not a citizen.

THE CLERK: Not a citizen.

You are further advised that if you

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

are not a U.S. citizen your immigration status may be jeopardized and you may be deported at any time prior to the expiration of your sentence.

Also, if you become subject to a final order of deportation you may be paroled to the immigration authorities for deportation at any time subsequent to the commencement of an indeterminate prison sentence.

Prison sentence is not an issue.

Sentence date, 12/13?

THE COURT: Do you want the same date?

MS. SEELY: I think another date would be better.

THE COURT: All right.

Date approximately around 12/13 you would like to do this, 14th, 15th, 16th, 17th?

MS. BURACH: The 14th is fine.

MS. SEELY: Whatever is good for Mr. Ruck.

MR. RUCK: December 14th is fine, your

1 Plea

2 Honor.

3 THE COURT: All right, 12/14.

4 Now you are going to have to report to
5 probation. Make sure you speak to
6 probation because I need a report in order
7 to sentence you.

8 THE CLERK: Bail continued?

9 THE COURT: Bail continued.

10 MS. BURACH: Your Honor, one last
11 thing, I believe you might have said this
12 but I didn't hear that, that if Miss Rybuk
13 violates any of the conditions of
14 probation she will be subject to the
15 minimum jail sentence of one to three
16 years.

17 THE COURT: That is correct.

18 MS. BURACH: Thank you.

19 THE COURT: Anything else?

20 MS. BURACH: That's it.

21 MR. RUCK: While I am here and while
22 we are on the record, I am reminded all
23 the terms of the agreement need to be on
24 the record.

25 The District Attorney's Office has

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Plea

promised that if I called upon them or anyone else on Miss Rybuk's behalf that they will confirm that she has provided substantial information and substantial cooperation to the District Attorney's Office, correct?

MS. SEELY: That's correct, Jay Shapiro of the Rackets Division had made that representation to Mr. Ruck that we will provide a letter stating that there was substantial information provided.

THE COURT: All right.

* * * * *

Certified that the foregoing is a true and accurate transcript of the original stenographic minutes in this case.


Teresa McGrath
Official Court Reporter

Exhibit 11

Checks Written By Entities Operating at 1468 Flatbush				
Payor	Payee	Amount Paid	Dates	Relationship
Vincent Medical	Fountainbleau Hotel	> \$2,500	2/2006 to 6/2006	Tatiana Rybak, Oleg Rybak, and Sergey Rybak who is Tatiana's son and Oleg's brother, each owned condominium units at the Fountainbleau Hotel at the time of the transactions, and from at least 2015 to 2018 Oleg Rybak was vice president and secretary of the condominium association
Uptodate Medical	Mayya Kushnir	> \$45,000	1/2004 to 6/2004	Associated with the Rybak's holdings at the Fountainbleau Hotel. Officer of OR, LLC and was President of MOR Properties Inc. until at least March 2016. OR, LLC was owned by Oleg and Tatiana Rybak and used to purchase three units at the Fountainbleau Hotel in August 2008, which then were subsequently sold to MOR Properties, Inc. between May and July 2012. The president and director of MOR Properties, Inc. is Maximilian Kostyashkin, the youngest son of Tatiana Rybak.
Uptodate Medical	Oceana V Condominium	>\$1,250	2/2004 to 5/2004	Oleg Rybak and later Tatiana Rybak owned a unit at the Oceania V. In November 2002, when they were still in college, Oleg and Sergey Rybak purchased a unit at the Oceania V and transferred it to Tatiana Rybak, who sold the unit in December 2011
Vincent Medical	Olga Sanchez	Almost \$5,000	7/2008 to 1/2009	Worked at the Rybak Café, a Miami restaurant venture owned by Oleg Rybak and Tatiana Rybak.
Uptodate Medical	CMG International Design Group ("CMG") & Milda Gutierrez	> \$14,000	7/2008 to 11/2008	Milda Gutierrez, one of the principals of CMG, a Miami design firm. CMG and Milda Gutierrez decorated Tatiana Rybak's personal residence in Miami, the Anti-Aging spa owned by Oleg Rybak, and Rybak's Café
Vincent Medical	CMG International Design Group ("CMG") & Milda Gutierrez	> \$14,000	6/2008 to 11/2008	Milda Gutierrez, one of the principals of CMG, a Miami design firm. CMG and Milda Gutierrez decorated Tatiana Rybak's personal residence in Miami, the Anti-Aging spa owned by Oleg Rybak, and Rybak's Café
Vincent Medical	Garrette Gray	> \$5,000	9/2008 to 12/2008	The Rybak Café chef who assisted with the restaurant buildout.
Uptodate Medical and Vincent Medical	529 college savings plan	> \$67,000	12/2003 to 12/2008	During this same period, Oleg Rybak was an undergraduate student at New York University
Uptodate Medical	New York University	> \$7,500	12/2003 to 12/2008	During this same period, Oleg Rybak was an undergraduate student at New York University

Checks Written By Entities Operating at 1468 Flatbush				
Payor	Payee	Amount Paid	Dates	Relationship
Uptodate Medical and Vincent Medical	Habika Besson	\$16,080	12/2003 to 9/2005	Daughter of Lystra Moore-Besson, Tatiana Rybak's contact at HSBC Bank who Tatiana Rybak used to advance the scheme. Lystra testified that she has known Tatiana Rybak since the 1990s, was described by Dr. Gutierrez as the branch manager who arranged for tellers to cash checks for Tatiana Rybak, and was terminated by HSBC in 2016 and later permanently barred from the securities industry for failing to take action regarding suspicious activity by bank clients.
	Clara Pantin	Total: > \$767,000.00	4/2009 to 4/2017	Clara Pantin was the employee of the Fountainbleau Hotel where Tatiana and Oleg Rybak owned residential units.
Allay Medical Services PC	Clara Pantin	\$6,038.00	2/16/2016 to 3/1/2016	
Charles Deng Acupuncture, P.C.	Clara Pantin	\$10,029.85	5/5/2015 to 7/30/2015	
Francois J Parisien	Clara Pantin	\$189,764.13	9/14/2013 to 4/21/2016	
PFI Medical Care PC	Clara Pantin	\$1,800.00	4/5/2017 to 4/5/2017	
Ksenia Pavlova	Clara Pantin	\$17,728.00	3/4/2015 to 4/21/2016	
Island Life Chiropractic Pain Care PLLC	Clara Pantin	\$6,750.00	8/6/2014 to 5/20/2015	
Pierre Renelique	Clara Pantin	\$7,915.00	1/30/2013 to 11/17/2013	
Adelaida Physical Therapy, P.C.	Clara Pantin	\$50,961.73	3/30/2012 to 8/2/2013	
Adelaida M. Laga	Clara Pantin	\$32,267.31	6/26/2015 to 1/8/2016	
Amayao Medical, P.C.	Clara Pantin	\$20,010.00	1/28/2013 to 9/14/2013	
Arguelles M.D., P.C.	Clara Pantin	\$7,500.00	4/28/2009 to 6/22/2009	
Compas Medical, P.C.	Clara Pantin	\$34,832.88	4/27/2012 to 11/27/2015	
JCC Medical, P.C.	Clara Pantin	\$80,627.47	4/2/2012 to 6/27/2013	
Maiga Products Corp.	Clara Pantin	\$9,000.00	1/23/2015 to 9/25/2015	
Maria Shiela Masigla P.T.	Clara Pantin	\$19,421.00	5/21/2013 to 9/11/2015	
Masigla Physical Therapy, P.C	Clara Pantin	\$6,905.65	1/14/2012 to 12/15/2012	
Vincent Medical	Clara Pantin	\$1,000.00	9/28/2009 to 9/28/2009	

Checks Written By Entities Operating at 1468 Flatbush				
Payor	Payee	Amount Paid	Dates	Relationship
	Vasila Queen	Total: > \$83,000	2/2012 to 2/2018	Associate of Tatiana Rybak, owner of Studio By Vasila, a nail salon up the street from one of Tatiana Rybak's condominium's in Sunny Isles Florida.
Adelaida M Laga Maria Masigla	Vasila Queen	\$1,000.00	12/30/2015 to 12/30/2015	
Adelaida Physical Therapy PC	Vasila Queen	\$13,500.00	2/1/2012 to 11/23/2012	
Allay Medical Services PC	Vasila Queen	\$1,000.00	10/20/2015 to 10/20/2015	
Compas Medical	Vasila Queen	\$2,000.00	12/10/2015 to 12/10/2015	
Francois J Parisien	Vasila Queen	\$17,515.00	9/26/2013 to 7/15/2016	
JCC Medical PC	Vasila Queen	\$9,300.00	10/10/2012 to 6/24/2013	
Ksenia Pavlova	Vasila Queen	\$9,700.00	1/22/2014 to 4/18/2017	
Maria Shiela Masigla PT	Vasila Queen	\$6,000.00	3/5/2013 to 4/21/2015	
Masigla Physical Therapy PC	Vasila Queen	\$2,500.00	12/12/2012 to 1/28/2013	
PFJ Medical Care PC	Vasila Queen	\$9,900.00	6/20/2016 to 2/24/2018	
Pierre J Renelique MD	Vasila Queen	\$10,000.00	1/17/2013 to 1/27/2014	
Quality Health Supply Corp	Vasila Queen	\$1,000.00	6/10/2016 to 6/10/2016	

Exhibit 12



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Profit Corporation
MOR PROPERTIES, INC.

Filing Information

Document Number P12000045208
FEI/EIN Number APPLIED FOR
Date Filed 05/15/2012
State FL
Status ACTIVE

Principal Address

4391 COLLINS AVE
UNIT 703
MIAMI BEACH, FL 33140

Mailing Address

4391 COLLINS AVE
UNIT 703
MIAMI BEACH, FL 33140

Registered Agent Name & Address

ROSENTHAL, KERRY E
20900 NE 30TH AVE
SUITE 600
AVENTURA, FL 33180

Officer/Director Detail

Name & Address

Title President, Director

KOSTYASHKIN, MAXIMILLIAN
4391 COLLINS AVE
UNIT 704
MIAMI BEACH, FL 33140

Annual Reports

Report Year	Filed Date
2017	01/23/2017
2017	05/12/2017
2018	04/17/2018

Document Images

04/17/2018 -- ANNUAL REPORT	View image in PDF format
05/12/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
01/23/2017 -- ANNUAL REPORT	View image in PDF format
03/15/2016 -- ANNUAL REPORT	View image in PDF format
04/10/2015 -- ANNUAL REPORT	View image in PDF format
03/21/2014 -- ANNUAL REPORT	View image in PDF format
02/14/2013 -- ANNUAL REPORT	View image in PDF format
05/15/2012 -- Domestic Profit	View image in PDF format

Exhibit 13

REC. EX.

20795PG3335

Prepared by and Return to:
Kerry E. Rosenthal, Esq.
Palm Coast Title Company, LLC
Turnberry Plaza, Suite 500
2875 Northeast 191st Street
Aventura, Florida 33180

02R703585 2002 NOV 12 14:11

File No. 3316-1253

DOCSTPDEE 5,340.00 SURTX 0.00
HARVEY RUVIN, CLERK DADE COUNTY, FL

[Space Above This Line For Recording Data]

Special Warranty Deed

This Special Warranty Deed made this 8th day of November, 2002 between **Tower V Developers, LTD, a Florida limited Partnership**, whose address is c/o Turnberry Associates, 19501 Biscayne Boulevard, Suite 400, Aventura, Florida 33180 of the County of Miami-Dade, State of Florida, Grantor, and **Oleg Rybak, a single man, and Sergey Rybak, a single man, as joint tenants with the right of survivorship, and not as tenants in common**, whose address is 2666 East 24th Street, Unit 1A, Brooklyn, NY 11235, of the County of Miami-Dade, State of Florida, Grantee. Grantor and Grantee are used for singular or plural, as context requires.

WITNESSETH, that said Grantor, for and in consideration of the sum of Ten Dollars and other good and valuable considerations to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee, the Grantee's heirs and assigns forever, the following described land, situate, lying and being in Miami-Dade County, Florida, to-wit:

Condominium Unit No. 1253 and 1254, of OCEANIA V, a Condominium, according to the Declaration of Condominium thereof recorded on October 9, 2002 in Official Records Book 20713, Page 808 of the Public Records of Miami-Dade County, Florida together with an undivided share in the common elements appurtenant thereto.

Parcel Identification Number: Portion of Folio. 31-2214-005-0010

TOGETHER WITH all the tenements, hereditaments and appurtenances thereunto belong or in anywise appertaining.

THIS CONVEYANCE is subject to:

1. Taxes and assessments for the year 2002 and years subsequent thereto.
2. Conditions, reservations, restrictions and regulations.
3. Zoning and other governmental restrictions and regulations
4. Covenants, conditions, restrictions, exhibits, terms and other provisions of the Declaration of Condominium of Oceania V, a Condominium, as recorded on October 9, 2002 in Official Records Book 20713, Page 808 of the Public Records of Miami-Dade County, Florida.
5. Covenants, conditions, restrictions, exhibits, terms and other provisions of that certain Master Declaration for Oceania recorded in Official Records Book 14428, Page 1511 of the Public Records of Miami-Dade County, Florida, including all exhibits and amendments thereto.
6. Covenants, conditions, restrictions, exhibits, terms and other provisions of that certain Club Plan recorded in Official Records Book 14428, Page 1549, including all exhibits and amendments thereto.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in any way appertaining.

REC. EX.

20795PG3336

THE GRANTOR hereby specially warrants the title to the said real property, and will defend the same, against the lawful claims of all persons claiming by, through or under the said GRANTOR.

THE GRANTEE by acceptance and recordation of this Special Warranty Deed, expressly and specifically approves, accepts, covenants and agrees to be bound by and to assume performance of all the applicable provisions and requirements set forth in the recorded Declaration of Condominium described above and all amendments and/or supplements thereto, and the Declaration of Covenants and Restrictions for Oceania and all amendments and/or supplements thereto, which provisions and requirements are acknowledged by Grantee to be reasonable, fair, and all of which are incorporated herein by this reference.

IN WITNESS WHEREOF, the GRANTOR has caused these presence to be executed by its proper officer thereunto duly authorized, and its seal affixed, the day and year first above written.

Signed, sealed and delivered
in the presence of:

Ana B. Zeigler
Printed Name: ANA B. ZEIGLER

Rona Asman
Printed Name: RONA ASMAN

GRANTOR:

TOWER V DEVELOPERS, LTD., a Florida
limited Partnership

BY: TOWER V DEVELOPERS, L.L.C., a Florida
limited liability company, as sole
general partner

BY: Jeffrey Soffer
Managing Member

STATE OF FLORIDA }
COUNTY OF MIAMI-DADE }

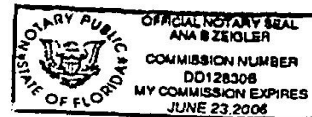
I HEREBY CERTIFY THAT ON THIS 6th DAY OF November, 2002, PERSONALLY APPEARED BEFORE ME JEFFREY SOFFER, MANAGING MEMBER OF TOWER V DEVELOPERS, L.L.C., A FLORIDA LIMITED LIABILITY COMPANY, AS SOLE GENERAL PARTNER OF TOWER V DEVELOPERS, LTD., A FLORIDA LIMITED PARTNERSHIP, TO ME KNOWN TO BE THE PERSON WHO SIGNED THE FOREGOING SPECIAL WARRANTY DEED, AS SUCH OFFICER, AND HE ACKNOWLEDGED THE EXECUTION THEREOF TO BE HIS FREE ACT AND DEED AS SUCH OFFICER, FOR THE USES AND PURPOSES THEREIN MENTIONED, THAT HE AFFIXED THERETO THE OFFICIAL SEAL OF SAID CORPORATION, AND THAT THE SAID INSTRUMENT IS THE ACT AND DEED OF SAID CORPORATION.

WITNESS MY HAND AND OFFICIAL SEAL AT MIAMI-DADE COUNTY, FLORIDA.

Ana B. Zeigler
NOTARY PUBLIC - STATE OF FLORIDA
ANA B. ZEIGLER
COMMISSIONED NAME OF NOTARY PUBLIC

PERSONALLY KNOWN ☒ OR PRODUCED IDENTIFICATION _____
TYPE OF IDENTIFICATION _____

RECORDED IN OFFICIAL RECORDS UNIT
OF DADE COUNTY, FLORIDA
RECORD VERIFIED
HARVEY RUVIN
CLERK EIRC/MS/CH/MS



CFN 2004R1016309
DR Bk 22827 Pgs 2421 - 2422; (2pgs)
RECORDED 11/16/2004 16:01:20
DEED DOC TAX 0.60
HARVEY RUVIN, CLERK OF COURT
MIAMI-DADE COUNTY, FLORIDA

Prepared by and return to:
Palm Coast Title Company, LLC / SSO
2875 N. E. 191 Street, Suite 500
Aventura, Florida 33180
WITHOUT TITLE REVIEW

Space above this line for recording data

QUIT-CLAIM DEED

THIS QUIT-CLAIM DEED, executed this 5th day of November, 2004, by **OLEG RYBAK, a single man, and SERGEY RYBAK, a single man**, whose post office address is 16500 Collins Avenue, Unit 1253, Sunny Isles Beach, Florida 33160, first party, to **TATIANA M. RYBAK, a single woman**, whose post office address 16500 Collins Avenue, Unit 1253 and 1254, Sunny Isles Beach, Florida 33160, second party:

(wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH, that the said first party, for and in consideration of the sum of \$10.00 in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land situate, lying and being in the County of Miami-Dade, State of Florida, to-wit:

Condominium Unit No. 1253 and 1254, of OCEANIA V, a Condominium, according to the Declaration of Condominium thereof recorded on October 9, 2002 in Official Records Book 20713, Page 808 of the Public Records of Miami-Dade County, Florida together with an undivided share in the common elements appurtenant thereto.

and ;

Unit No. C35, of OCEANIA V, a Condominium, according to the Declaration of Condominium thereof recorded on October 9, 2002 in Official Records Book 20713, Page 808 of the Public Records of Miami-Dade County, Florida together with an undivided share in the common elements appurtenant thereto.

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered
in the presence of:

Printed Name: Stacey Oskos Oleg Ryba

Printed Name: Stacey Oskost OLEG RYBAK
 Printed Name: Lorry A. Gusaak SERGEY RYBAK

STATE OF FLORIDA)
)
) :SS
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 5 day of November, 2004 by OL EG RYBAK and SERGEY RYBAK, who are personally known to me or produced DL as identification.



(Seal)

Stacy S. Oskolski
Commission # DD 023156
Expires April 8, 2005
Bonded Thru
Atlantic Bonding Co., Inc.

NOTARY PUBLIC
My Commission Expires:

CFN 2012R0049972
OR Bk 27971 Pgs 4033 - 4035 (3pgs)
RECORDED 01/24/2012 10:52:59
DEED DDC TAX \$5,700.00
HARVEY RUVIN, CLERK OF COURT
MIAMI-DADE COUNTY, FLORIDA

Prepared by and return to:
Heather A. Scott, Esq.
Attorney at Law
Rosenthal Rosenthal Rasco Kaplan, LLC
20900 NE 30th Avenue Suite 600
Aventura, FL 33180
305-937-0300
File Number: **Rybak**
Will Call No.: **3053644848**

Parcel Identification No. **31-2214-030-0850**

[Space Above This Line For Recording Data]

Warranty Deed

(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made this 7th day of December, 2011 between **Tatiana M. Rybak**, a single person whose post office address is **4401 Collins Avenue, Unit 2812, Aventura, FL 33160** of the County of **Miami-Dade**, State of **Florida**, grantor*, and **Afina Shakhinidi** whose post office address is **16500 Collins Avenue, Units 1253 & 1254, Aventura, FL 33160** of the County of **Miami-Dade**, State of **Florida**, grantee*,

Witnesseth that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in **Miami-Dade County, Florida**, to-wit:

Condominium Units No. 1253 and 1254, of Oceania V CONDOMINIUM, according to the Declaration of Condominium thereof, as recorded in Official Records Book 20713, Page 808, of the Public Records of Miami-Florida County, Florida, and all amendments thereto, together with its undivided share in common elements.

and said grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

* "Grantor" and "Grantee" are used for singular or plural, as context requires.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Witness Name: *[Signature]*

Witness Name: *Heather A. Scott*

[Signature]
Tatiana M Rybak

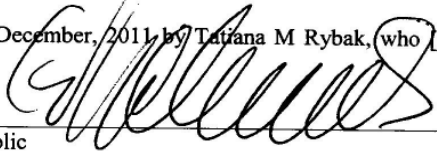
(Seal)

DoubleTime®

State of Florida
County of Miami-Dade

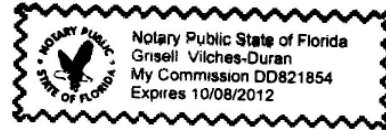
The foregoing instrument was acknowledged before me this 7th day of December, 2011, by Tatiana M Rybak, who ☐ is personally known or ☒ has produced a driver's license as identification.

[Notary Seal]


Notary Public

Printed Name: _____

My Commission Expires: _____



**CERTIFICATE OF WAIVER OF RIGHT OF FIRST REFUSAL**

This shall certify as to the purchase by Afina Shakhinidi of the following described property, located in Miami-Dade County, Florida.

Condominium Unit # 1253/1254 in Oceania V, a condominium located at 16500 Collins Avenue, Sunny Isles Beach, Florida, according to the Declaration thereof, recorded October 9, 2002, in Official Record Book 20713, page 808, of the Public Records of Miami-Dade County, Florida together with an undivided share in the common elements appurtenant thereto, as amended and/or supplemented from time to time.

OCEANIA V CONDOMINIUM ASSOCIATION, INC., a Florida not-for-profit corporation has waived and terminated its Right of First Refusal as to the above referenced purchase of the above-described property, pursuant to the provisions of the Declaration of Condominium and the Bylaws of this Association.

Dated this 1st day of December, 2011.

OCEANIA V CONDOMINIUM ASSOCIATION, INC.,
A Florida Corporation

By: 

Board of Directors



Oceania V Condominium Association, Inc.
16500 Collins Avenue · Sunny Isles Beach · FL 33160 · Tel. 305-944-7700 · Fax 305-944-7272

Exhibit 14

ANTI-AGING AESTHETIC AND LASER CENTER INC.
2222465900 7862486900
175 SW 7TH ST STE 1710
MIAMI, FL 33130-2967

1397
1-108/210

06.22.09
DATE

PAY TO THE ORDER OF Klara Pantin \$ 5800.00
- five thousand eight hundred dollars

HSBC
Brooklyn, NY 11236

FOR Oleg Rybun

⑆021001088⑆ 0887 1397

KLARA PANTIN
1464

06.22.09

06.22.09

Account 0887 Check# 0 Amount 5800.00
Date Presented 06-22-2009

Exhibit 15

Exhibit “1”

AFFIDAVIT OF RENEE ANN DENOBREGA

STATE OF PENNSYLVANIA)
) ss.:
COUNTY OF)

RENEE ANN DENOBREGA, being duly sworn, deposes and states that the following is true under the penalties of perjury:

1. I have personal knowledge of the statements that are made in this affidavit and would testify as to them in a court of law if called upon to do so.

2. I give this affidavit voluntarily and was provided with the opportunity to consult with counsel of my choosing concerning its preparation and execution. However, I do not require counsel in order to tell the truth. This affidavit summarizes my association with Francois Jules Parisien M.D. ("Dr. Parisien"), PFJ Medical Care P.C. ("PFJ Medical"), JPF Medical Services, P.C. ("JPF Medical"), Ksenia Pavlova Rybak, D.O. ("Dr. Rybak"), and KP Medical Care P.C. ("KP Medical"), among others. This affidavit is not intended to be an exhaustive account of my experiences.

I. General Background

3. I currently reside at 400 Douglass Street, Reading, PA 19601.

4. I received a Bachelor's of Science in Nursing from Alvernia University in 2007. I received a Master's of Science in Nursing from Widener University in 2013. I received a Doctor of Nursing Practice degree from Walden University in 2016. I received a Post-Master's Certificate in Family Mental Health in or about 2016.

5. I became a licensed nurse practitioner in New York in 2013.

II. My Association with Dr. Parisien, PJF Medical, and JPF Medical

6. In or about early September 2016, I was approached by a recruiter named “Nikki”, a friend of a friend who was associated with a staffing agency for nurses. Nikki told me about an opportunity to work two days a week in a medical clinic on Flatbush Avenue in Brooklyn, New York.

7. After speaking with Nikki, I agreed to speak with the clinic’s office manager about the position. Shortly thereafter I was contacted by a woman named “Susie” who asked me to come in for an interview at 1786 Flatbush Avenue, Brooklyn, New York (the “Flatbush Clinic”).

8. I met with Susie – who appeared to me to be of Filipina descent – at the Flatbush Clinic sometime thereafter in or about September 2016. Susie interviewed me and told me she needed me to come back and meet a woman whose name I was told was “Barbara”. Susie indicated that Barbara would be the ultimate decision-maker as to whether I would work at the Flatbush Clinic.

9. A few days later, I met with Barbara at the Flatbush Clinic. Barbara was approximately 60 years old, of medium height, often wore fancy clothes with heavy makeup, and had what appeared to be dyed blonde hair. Barbara spoke with what I believe was a Russian accent. I do not know if Barbara is her real name.

10. During our meeting, Barbara offered me the opportunity to work at the Flatbush Clinic. Barbara initially offered me \$40 per hour, claiming that “the doctor” will likely insist upon this starting salary. However, after a supposed discussion with “the doctor”, it was agreed that I would receive \$60 per hour and work approximately 14 hours per week. I then met with Dr. Joseph Lacina, who said, “You are worth every bit of \$60 per hour,” and denied that he was

the one that insisted I be paid only \$40 per hour.

11. I also met an individual named "Wilma" at the Flatbush Clinic, whom I understood to be responsible for billing. Wilma, like Susie, appeared to be of Filipina descent.

12. I never interviewed with any other individuals besides Susie and Barbara before being offered the opportunity to work at the Flatbush Clinic. I did meet with Dr. Lacina before starting at the Flatbush Clinic for less than four hours of training and we discussed the job and my experience. I was not told who owned what, but I was made aware that Barbara was the boss and Dr. Lacina was my supervisor per se. However, I rarely met with Dr. Lacina, and he did not really supervise my work. However, he was available via telephone if I needed him. Most of my dealings were with Barbara and Susie.

13. After I began working at the Flatbush Clinic, I learned that many of the professional services I performed at the Flatbush Clinic were billed to insurance companies through PFJ Medical and JPF Medical. Though I later learned that PFJ Medical and JPF Medical are owned on paper by Dr. Parisien, I have never met Dr. Parisien, I have never spoken with Dr. Parisien, and I have no idea who he is.

14. Additionally, I have come to learn that many of the professional services I performed at the Flatbush Clinic and other clinics in the New York metro area were billed to insurance companies through KP Medical. I have never met or spoken with Dr. Rybak, and I have no idea who she is.

15. I began working at the Flatbush Clinic in mid-September 2016. It became clear to me very early on that Barbara was in charge of the Flatbush Clinic and that everyone at the Flatbush Clinic reported to Barbara. Susie was the day-to-day office manager but she too reported to Barbara. I never saw Dr. Parisien or Dr. Rybak at the Flatbush Clinic when I was

working there, and – to my knowledge – they had no role in the day-to-day operations of the Flatbush Clinic or any of the healthcare practices that operated at the Flatbush Clinic while I was there.

16. When I would work at the Flatbush Clinic, I was provided with an examination room. Susie or one of the front-desk personnel that reported to Susie and Barbara would direct patients back to the examination room to see me.

17. No licensed healthcare professional ever directly supervised me at the Flatbush Clinic. I am unaware whether any licensed healthcare professional ever reviewed my work by way of chart reviews.

18. In or about mid-October 2016, Barbara highly insisted that I work 1-2 days per week at a clinic located at 552 E 180th Street, Bronx, New York (the “Bronx Clinic”). I reluctantly agreed, despite the fact that it made my commute more difficult and I was offered no incentives or travel reimbursements. Though it was Barbara who insisted that I work at the Bronx Clinic, the Bronx Clinic appeared to be controlled by a man whose name I do not recall, but who I believe to be Russian, based on his accent and discussions with other people who worked at the Bronx Clinic. Non-professional office staff that worked for this Russian man routed patients to me and other healthcare providers at the Bronx Clinic. Before I would go to work each day at the Bronx Clinic, office staff at the Flatbush Clinic – under the supervision of Barbara – would put together a bag of supplies for me to use at the Bronx Clinic, including dry needles, lidocaine, and steroids. I then would carry these materials with me from the Flatbush Clinic to the Bronx Clinic.

19. The terms of my compensation at the Bronx Clinic were the same as the terms of my compensation at the Flatbush Clinic. I negotiated my compensation at the Bronx Clinic with

Barbara, just as I had at the Flatbush Clinic.

20. No licensed healthcare professional directly supervised my work at the Bronx Clinic.

21. I did not have an employment agreement in connection with my work at the Flatbush Clinic or the Bronx Clinic, and I believed myself to be an independent contractor at the Clinics. I was not provided with malpractice insurance. I was not given any paid vacation or other fringe benefits. I was at all times free to seek out and accept other work. Additionally, as discussed above, I was not supervised at the Flatbush Clinic or the Bronx Clinic in any way by Dr. Parisien, Dr. Rybak, or any other licensed healthcare professional. I was paid on both a W-2 and 1099 basis for my work at the Flatbush Clinic and Bronx Clinic. Barbara told me this was for my benefit and that I would earn more money this way, but I thought it was unusual, in that I had never before been paid on a split W-2/1099 basis.

22. On numerous occasions, checks issued to me for my work at the Flatbush Clinic and the Bronx Clinic bounced. When this would happen I would bring the issue to Susie or Barbara's attention. They would tell me that the Clinics' funds were low because insurance had not been paying them in time. Barbara, in particular, exclaimed "It's not our fault!" in regard to the insurance companies not paying on time. Barbara or Susie would then prepare another check that often times appeared to be from a different account or business entity.

23. During my time at the Clinics, I performed patient evaluations and administered trigger point injections and "dry-needling." I had never performed dry-needling prior to working at the Clinics. I do not recall performing any services at the Clinics other than patient evaluations, trigger point injections, and dry-needling.

24. Though I was never really supervised by any licensed healthcare professionals at

the Clinics, non-professional office staff – including Barbara and Susie – insisted that I provide particular services or prescribe particular tests or medical equipment at the Clinics.

25. On at least one occasion, Barbara and Susie entered my assigned office, closed the door behind them, and highly insisted that I perform more dry needling. When I asked why, they told me that dry needling is considered “treatment,” while trigger point injections were only \$100 and not considered treatment. I was told that I was not performing even the essential duties of my job description unless I performed dry needling.

26. Additionally, one of the girls who sat at the front desk at the Flatbush Clinic named “Dovie” insisted that I order MRIs that I did not deem necessary.

27. I was also instructed by non-professional office staff at the Flatbush Clinic to perform initial evaluations – as opposed to follow-up examinations – on every single patient I saw, even if the patient previously had been seen by another medical doctor or nurse practitioner at the Clinics, thus documenting all of the healthcare information that had been previously documented by another doctor or nurse practitioner. I only performed a follow-up examination if I personally performed the initial evaluation.

28. The initial evaluations I performed at the Clinics took, on average, 15 minutes. The large majority of patients I saw had minor medical issues such as sprains or strains that required straightforward medical decision-making. Oftentimes, I suspected that the patients were malingering, in that their pain complaints were not in line with other aspects of their presentment, including their general appearance and mobility. I used pre-printed evaluation forms to conduct the evaluations, which were provided to me by staff at the Flatbush Clinic, and I also used the same forms at the Bronx Clinic.

29. I never saw or signed any of the bills submitted to insurance companies.

In light of the my concerns about the dry-needling services, the bounced paychecks, and various concerns about the Clinics brought to my attention by patients, I decided in or about late March 2017 to stop working at the Clinics.

In April 2018, I learned that I had been named as a defendant in a lawsuit filed by GEICO against Dr. Parisien, PFJ Medical, and JPF Medical, among others. I do not believe I did anything wrong, other than to get mixed up for a short time with the wrong people. In May 2018, shortly after I began cooperating with GEICO, I received multiple phone calls from Barbara and her office staff. I was also informed that another defendant in this action was receiving the same calls.



Renee Ann Denobrega

Sworn to before me this

22nd day of May, 2018

Brittany Lambert

NOTARY PUBLIC

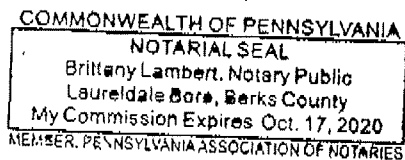


Exhibit 16

MAIGA PRODUCTS CORP

100 CHURCH STREET, 8TH FLOOR, NEW YORK, NY 10007

DELIVERY RECEIPT

PATIENT NAME: /

DATE OF BIRTH: /

DATE OF ACCIDENT: /

3/11/14

ADDRESS: /

Number and Street

City

State

Zip Code

DELIVERY ORDER LIST

1	ADVANCED CERVICAL COLLAR

I have received equipments and supplies listed above along with instructions on use case of it. I indicate that **Maiga Products Corp.**, cannot be held responsible for any inappropriate use of this equipment or supplies.

SIGNATURE OF PATIENT

DATE OF SIGNATURE

03252014

MADISON PRODUCTS OF U.S.A INC

747 3RD AVE FL 2 NEWYORK, NY 10017

DELIVERY RECEIPT

PATIENT NAME. ✓ [REDACTED]
DATE OF BIRTH ✓ [REDACTED] DATE OF ACCIDENT: X 3/11/14
ADDRESS. ✓ [REDACTED]
Number and Street City State Zip Code

DELIVERY ORDER LIST

1	MASSAGER

I have received equipments and supplies listed above along with instructions on use case of it. I indicate that **MADISON PRODUCT OF USA INC.**, cannot be held responsible for any inappropriate use of this equipment or supplies.

✓ [REDACTED]
SIGNATURE OF PATIENT

✓ 3/21/14
DATE OF SIGNATURE

04082014

Quality Custom Medical Supply, Inc.

33 Ave U
Brooklyn, NY 11223
Tel: 718-676 5092
Fax: 718-676 5093

DELIVERY RECEIPT

Patient Name: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

DOA: 4/14/2014

Insurance Co: State Farm Insurance Company
P.O. Box 106107
Atlanta, GA 30348

Claim#: 324F26382

Policy#

PolicyHolder

Delivery Order List

1	Cervical Traction Unit w/ pump

I have received equipments and supplies listed above along with instructions on use case of it.

I indicate that Quality Custom Medical Supply, Inc. cannot be held responsible for any
improper use of this equipment or supplies.

Signature [REDACTED]

05272014

AB QUALITY HEALTH SUPPLY CORP.

2071 FLATBUSH AVE., SUITE 104, BROOKLYN, NY 11234
P (347) 409-8189

DELIVERY RECEIPT

PATIENT NAME: [REDACTED]

DATE OF BIRTH: [REDACTED] DATE OF ACCIDENT: 06/21/2016

ADDRESS: [REDACTED]
Number and Street City State Zip Code

DELIVERY ORDER LIST

1	CERVICAL COLLAR FOAM – 2 PIECES W/ THOR
1	CERVICAL PILLOW
1	LSO
1	LUMBAR CUSHION
1	BED BOARD
1	THERMOPHORE – ELECTRICAL HEAT PAD MOIST
1	MATTRESS

I have received all the equipment and supplies listed above along with instructions on use case of it. I indicate that **AB Quality Health Supply Corp.**, cannot be held responsible for any inappropriate use of this equipment or supplies.

X [REDACTED]
Signature of Patient

X 8/3/2016
Date of Signature

PERSONAL HOME CARE PRODUCTS CORP

300 CADMAN PLAZA FL 12, BROOKLYN, NY 11201

DELIVERY RECEIPT

PATIENT NAME: X

DATE OF BIRTH:

DATE OF ACCIDENT: X

4/27/15

ADDRESS:

Number and Street

City/

State

Zip Code

DELIVERY ORDER LIST

1	CERVICAL COLLAR FOAM – 2 PIECES W/ THOR
1	CERVICAL PILLOW
1	LSO
1	LUMBAR CUSHION
1	BED BOARD
1	THERMOPHORE – ELECTRICAL HEAT PAD MOIST
1	MATTRESS

I have received all the equipment and supplies listed above along with instructions on use case of it. I indicate that **Personal Home Care Products Corp.**, cannot be held responsible for any inappropriate use of this equipment or supplies.

X 
Signature of Patient

X 5-22-15
Date of Signature

00002015

Exhibit 17

Precision Medical Supply Invoices and Payments

Precision Medical Invoices Addressed to Flatbush Providers				Check Payments to Precision Medical Supply				
Invoice Number	Invoice Date	Invoice Addressee	Invoice Amount	Check Number	Check Date	Check Payor	Check Amount	Payee
1212	6/18/2012	Maiga Products	\$4,685.00	Credit Card	7/18/2012	Maiga Products Corp	\$4,685.00	Precision Medical Supply LLC
1230	8/8/2012	Maiga Products	\$4,115.00	0098	8/10/2012	No Payor Listed on Check	\$4,115.00	Precision Medical Supply LLC
1236	8/20/2012	Maiga Products	\$3,130.00	101	8/22/2012	Maiga Products Corp	\$3,130.00	Precision Medical Supply LLC
1237	8/23/2012	Maiga Products	\$2,430.00	102	8/29/2012	Maiga Products Corp	\$2,430.00	Precision Medical Supply LLC
1266	10/2/2012	Maiga Products	\$2,206.00	Unknown	Unknown	Unknown	Unknown	Unknown
1273	10/18/2012	Maiga Products	\$2,442.00	132	10/23/2012	Maiga Products Corp	\$2,442.00	Tony Pykiet
1297	11/14/2012	Maiga Products	\$4,261.00	133	11/19/2012	Maiga Products Corp	\$4,261.00	Tony Pykiet
1306	11/30/2012	Maiga Products	\$3,277.00	134	12/5/2012	Maiga Products Corp	\$3,277.00	Precision Medical Supply LLC
1327	1/9/2013	Maiga Products	\$3,239.76	140	1/14/2013	Maiga Products Corp	\$3,239.76	Tony Pykiet
1337	1/25/2013	Maiga Products	\$1,051.00	139	1/29/2013	Maiga Products Corp	\$1,051.00	Tony Pykiet
1365	2/18/2013	Maiga Products	\$2,142.00	191	2/21/2013	Maria Shiela Masigla PT	\$2,142.00	Tony Pykiet
1372	2/21/2013	Maiga Products	\$1,577.00	195	2/26/2013	Maria Shiela Masigla PT	\$1,577.00	Tony Pykiet
1384	3/14/2013	Maiga Products	\$1,141.00	145	3/19/2013	Maiga Products Corp	\$1,141.00	Tony Pykiet
1392	3/25/2013	Maiga Products	\$2,528.00	174	3/28/2013	Maiga Products Corp	\$2,528.00	Tony Pykiet
1396	4/1/2013	Maiga Products	\$2,694.00	173	4/4/2013	Maiga Products Corp	\$2,694.00	Tony Pykiet
1411	4/23/2013	Maiga Products	\$3,133.00	Unknown	Unknown	Unknown	Unknown	Unknown
1447	5/22/2013	Maiga Products	\$1,178.00	189	5/28/2013	Maiga Products Corp	\$1,178.00	Precision Medical Supply LLC
1473	6/20/2013	Maiga Products	\$3,092.00	201	6/25/2013	Maiga Products Corp	\$3,092.00	Precision Medical Supply LLC
1475	6/25/2013	Maiga Products	\$3,158.00	207	6/28/2013	Maiga Products Corp	\$3,158.00	Precision Medical Supply LLC
1495	7/22/2013	Maiga Products	\$2,494.00	213	7/25/2013	Maiga Products Corp	\$2,494.00	Precision Medical Supply LLC
1503	7/31/2013	Maiga Products	\$925.00	216	8/5/2013	Maiga Products Corp	\$925.00	Precision Medical Supply LLC
1505	8/1/2013	Maiga Products	\$3,035.00	148	Unknown	Unknown	\$3,035.00	Unknown
1509	8/7/2013	Maiga Products	\$2,037.00	174	8/9/2013	Francois J Parisien	\$2,037.00	Precision Medical Supply LLC
1535	9/3/2013	Maiga Products	\$1,100.00	283	Unknown	Unknown	\$2,666.00	Unknown
1547	9/11/2013	Maiga Products	\$1,566.00	283	Unknown	Unknown	\$2,666.00	Unknown
1581	10/10/2013	Maiga Products	\$3,543.00	263	10/15/2013	Maiga Products Corp	\$3,543.00	Precision Medical Supply LLC
1601	10/28/2013	Maiga Products	\$1,854.00	424	11/1/2013	Francois J Parisien	\$1,854.00	Precision Medical Supply LLC
1613	11/12/2013	Maiga Products	\$3,709.00	158	11/15/2013	Maiga Products Corp	\$3,709.00	Precision Medical Supply LLC
1644	12/10/2013	Maiga Products	\$3,984.00	315	12/13/2013	Maiga Products Corp	\$3,984.00	Precision Medical Supply LLC
1655	12/26/2013	Maiga Products	\$5,007.00	603	1/2/2014	Francois J Parisien	\$5,007.00	Precision Medical Supply LLC
1984	1/6/2014	Maiga Products	\$2,018.50	198	1/9/2015	Madison Products of USA Inc	\$2,018.50	Precision Medical Supply LLC
1994	1/12/2014	Maiga Products	\$3,230.80	201	1/15/2015	Madison Products of USA Inc	\$3,230.80	Precision Medical Supply LLC
1676	1/22/2014	Maiga Products	\$4,254.00	324	1/27/2014	Maiga Products Corp	\$4,254.00	Precision Medical Supply LLC
1713	3/6/2014	Maiga Products	\$3,975.00	334	3/12/2014	Maiga Products Corp	\$3,975.00	Precision Medical Supply LLC
1722	3/13/2014	Maiga Products	\$1,402.00	336	3/17/2014	Maiga Products Corp	\$1,402.00	Precision Medical Supply LLC
1751	4/25/2014	Maiga Products	\$3,117.00	376	4/30/2014	Maiga Products Corp	\$3,117.00	Precision Medical Supply LLC
1765	5/20/2014	Maiga Products	\$3,675.00	382	5/23/2014	Maiga Products Corp	\$3,675.00	Precision Medical Supply LLC
1798	6/20/2014	Maiga Products	\$2,567.00	388	6/25/2014	Maiga Products Corp	\$2,567.00	Precision Medical Supply LLC
1817	7/15/2014	Maiga Products	\$3,009.00	393	7/18/2014	Maiga Products Corp	\$3,009.00	Precision Medical Supply LLC
1830	8/4/2014	Maiga Products	\$3,118.00	396	7/7/2014	Maiga Products Corp	\$3,118.00	Precision Medical Supply LLC
1839	8/15/2014	Maiga Products	\$4,681.71	135	8/21/2014	Madison Products of USA Inc	\$4,681.71	Precision Medical Supply LLC
1881	10/6/2014	Maiga Products	\$4,128.00	420	10/9/2014	Maiga Products Corp	\$4,128.00	Precision Medical Supply LLC
1915	11/6/2014	Maiga Products	\$4,128.00	151	11/11/2014	Madison Products of USA Inc	\$4,128.00	Precision Medical Supply LLC

Precision Medical Supply Invoices and Payments

Precision Medical Invoices Addressed to Flatbush Providers				Check Payments to Precision Medical Supply				
Invoice Number	Invoice Date	Invoice Addressee	Invoice Amount	Check Number	Check Date	Check Payor	Check Amount	Payee
1931	11/25/2014	Maiga Products	\$4,012.38	155	12/1/2014	Madison Products of USA Inc	\$4,012.38	Precision Medical Supply LLC
2009	1/26/2015	Maiga Products	\$2,018.00	204	1/30/2015	Madison Products of USA Inc	\$2,018.00	Precision Medical Supply LLC
2055	2/11/2015	Maiga Products	\$4,684.00	213	3/16/2015	Madison Products of USA Inc	\$4,684.00	Precision Medical Supply LLC
2080	4/7/2015	Personal Home Care Products Corp	\$2,513.21	215	4/10/2015	Madison Products of USA Inc	\$2,513.21	Precision Medical Supply LLC
2119	5/8/2015	Personal Home Care Products Corp	\$2,005.77	252	5/12/2015	Madison Products of USA Inc	\$2,005.77	Precision Medical Supply LLC
2138	5/29/2015	Personal Home Care Products Corp	\$2,017.00	633	6/2/2015	Maiga Products Corp	\$2,017.00	Precision Medical Supply LLC
2161	6/15/2015	Personal Home Care Products Corp	\$1,518.00	259	6/18/2015	Madison Products of USA Inc	\$1,518.00	Precision Medical Supply LLC
2164	6/17/2015	Personal Home Care Products Corp.	\$2,578.59	218	Unknown	Unknown	\$2,578.79	Unknown
2180	6/29/2015	Personal Home Care Products Corp	\$818.00	220	7/2/2015	Madison Products of USA Inc	\$818.00	Precision Medical Supply LLC
2190	7/6/2015	Personal Home Care Products Corp	\$1,658.00	102	8/14/2015	Quality Health Supply Corp	\$1,658.60	Precision Medical Supply LLC
2191	7/8/2015	Personal Home Care Products Corp	\$1,519.00	266	7/13/2015	Madison Products of USA Inc	\$1,519.00	Precision Medical Supply LLC
2196	7/13/2015	Personal Home Care Products Corp	\$1,020.00	100	7/16/2015	Quality Health Supply Corp	\$1,020.00	Precision Medical Supply LLC
2207	7/29/2015	Personal Home Care Products Corp	\$1,970.00	270	8/3/2015	Madison Products of USA Inc	\$1,970.00	Precision Medical Supply LLC
2239	8/27/2015	Quality Health Supply Corp	\$4,009.00	274	9/1/2015	Madison Products of USA Inc	\$2,009.00	Precision Medical Supply LLC
2239	8/27/2015	Quality Health Supply Corp	\$4,009.00	104	9/1/2015	Quality Health Supply Corp	\$2,000.00	Precision Medical Supply LLC
2299	9/29/2015	Quality Health Supply Corp.	\$459.00	129	Unknown	Unknown	\$459.00	Unknown
2319	10/14/2015	Quality Health Supply Corp	\$6,234.00	105	10/19/2015	Quality Health Supply Corp	\$6,234.00	Precision Medical Supply LLC
2349	11/4/2015	Quality Health Supply Corp	\$786.00	109	11/9/2015	Quality Health Supply Corp	\$786.00	Precision Medical Supply LLC
2368	11/20/2015	Quality Health Supply Corp	\$459.00	116	11/27/2015	Quality Health Supply Corp	\$459.00	Precision Medical Supply LLC
2383	12/2/2015	Quality Health Supply Corp.	\$3,015.00	138	Unknown	Unknown	\$3,015.00	Unknown
2453	1/22/2016	Quality Health Supply Corp	\$2,066.00	161	1/27/2016	Quality Health Supply Corp	\$2,066.00	Precision Medical Supply LLC
2499	2/19/2016	Quality Health Supply Corp	\$2,509.00	170	2/24/2016	Quality Health Supply Corp	\$2,509.00	Precision Medical Supply LLC
2515	3/8/2016	Quality Health Supply Corp	\$1,616.00	173	3/10/2016	Quality Health Supply Corp	\$1,614.00	Precision Medical Supply LLC
2515	3/8/2016	Quality Health Supply Corp	\$1,616.00	188	5/24/2016	Quality Health Supply Corp	\$2,223.00	Precision Medical Supply LLC
2545	3/25/2016	Quality Health Supply Corp	\$1,811.00	180	3/20/2016	Quality Health Supply Corp	\$1,811.00	Precision Medical Supply LLC
2565	4/11/2016	Quality Health Supply Corp	\$2,728.00	182	4/14/2016	Quality Health Supply Corp	\$2,728.00	Precision Medical Supply LLC
2588	4/22/2016	Quality Health Supply Corp	\$1,817.00	184	4/28/2016	Quality Health Supply Corp	\$1,817.00	Precision Medical Supply LLC
2632	5/25/2016	Quality Health Supply Corp	\$1,201.00	195	5/31/2016	Quality Health Supply Corp	\$1,201.00	Precision Medical Supply LLC
2673	6/17/2016	Quality Health Supply Corp	\$1,543.00	206	6/22/2016	Quality Health Supply Corp	\$1,543.00	Precision Medical Supply LLC
2713	7/8/2016	Quality Health Supply Corp	\$2,379.00	208	7/14/2016	Quality Health Supply Corp	\$2,379.00	Precision Medical Supply LLC
2719	7/11/2016	Quality Health Supply Corp	\$1,128.00	209	7/14/2016	Quality Health Supply Corp	\$1,128.00	Precision Medical Supply LLC
2727	7/18/2016	Quality Health Supply Corp	\$2,378.00	211	7/21/2016	Quality Health Supply Corp	\$2,378.00	Precision Medical Supply LLC
2740	7/27/2016	Quality Health Supply Corp	\$544.00	214	8/1/2016	Quality Health Supply Corp	\$544.00	Precision Medical Supply LLC
2772	8/12/2016	Quality Health Supply Corp	\$2,102.00	390	8/17/2016	Madison Products of USA Inc	\$2,102.00	Precision Medical Supply LLC
2808	9/7/2016	Quality Health Supply Corp	\$1,206.00	225	9/12/2016	Quality Health Supply Corp	\$1,206.00	Precision Medical Supply LLC
2816	9/13/2016	Quality Health Supply Corp	\$1,774.00	201	9/16/2016	AB Quality Health Supply Corp	\$1,774.00	Precision Medical Supply LLC
2856	10/10/2016	Quality Health Supply Corp.	\$1,721.00	409561	Unknown	Unknown	\$1,721.00	Unknown
2873	10/19/2016	Quality Health Supply Corp	\$1,954.00	82340992-1	10/24/2015	Quality Health Supply Corp	\$1,954.00	Precision Medical Supply LLC
2898	11/2/2016	AB Quality Health Supply Corp	\$1,594.00	210	11/10/2016	AB Quality Health Supply Corp	\$1,594.00	Precision Medical Supply LLC
2940	12/4/2016	AB Quality Health Supply Corp	\$2,156.00	212	12/12/2016	AB Quality Health Supply Corp	\$2,156.00	Precision Medical Supply LLC
2956	12/9/2016	AB Quality Health Supply Corp	\$840.00	211	12/12/2016	AB Quality Health Supply Corp	\$840.00	Precision Medical Supply LLC
2965	12/21/2016	AB Quality Health Supply Corp	\$2,487.00	214	12/29/2016	AB Quality Health Supply Corp	\$2,487.00	Precision Medical Supply LLC
2965	12/21/2016	AB Quality Health Supply Corp	\$2,487.00	271	1/9/2017	Quality Health Supply Corp	\$2,505.00	Precision Medical Supply LLC

Precision Medical Supply Invoices and Payments

Precision Medical Invoices Addressed to Flatbush Providers				Check Payments to Precision Medical Supply				
Invoice Number	Invoice Date	Invoice Addressee	Invoice Amount	Check Number	Check Date	Check Payor	Check Amount	Payee
2994	1/6/2017	AB Quality Health Supply Corp	\$1,978.00	1167	1/11/2017	KP Medical Care PC	\$1,978.00	Precision Medical Supply LLC
3009	1/23/2017	AB Quality Health Supply Corp	\$1,363.00	218	1/26/2017	AB Quality Health Supply Corp	\$1,363.00	Precision Medical Supply LLC
3049	2/22/2017	AB Quality Health Supply Corp	\$3,099.00	258	2/27/2017	AB Quality Health Supply Corp	\$3,099.00	Precision Medical Supply LLC
3106	4/5/2017	AB Quality Health Supply Corp	\$2,069.00	278	4/10/2017	AB Quality Health Supply Corp	\$2,069.00	Precision Medical Supply LLC
3137	4/27/2017	AB Quality Health Supply Corp	\$1,089.00	276	5/2/2017	AB Quality Health Supply Corp	\$1,089.00	Precision Medical Supply LLC
3145	5/2/2017	AB Quality Health Supply Corp	\$1,860.00	283	5/5/2017	Quality Health Supply Corp	\$1,860.00	Precision Medical Supply LLC
3250	6/7/2017	AB Quality Health Supply Corp	\$1,734.00	301	6/14/2017	Quality Health Supply Corp	\$734.00	Precision Medical Supply LLC
3268	6/20/2017	AB Quality Health Supply Corp	\$2,169.00	288	6/23/2017	AB Quality Health Supply Corp	\$1,000.00	Precision Medical Supply LLC
3268	6/20/2017	AB Quality Health Supply Corp	\$2,169.00	294	6/23/2017	Quality Health Supply Corp	\$1,169.00	Precision Medical Supply LLC
3281	7/5/2017	AB Quality Health Supply Corp	\$1,260.00	399	7/10/2017	JPF Medical Services PC	\$1,260.00	Precision Medical Supply LLC
3286	7/17/2017	AB Quality Health Supply Corp	\$1,052.00	291	7/20/2017	AB Quality Health Supply Corp	\$1,052.00	Precision Medical Supply LLC
3306	8/9/2017	AB Quality Health Supply Corp	\$1,364.00	296	8/14/2017	AB Quality Health Supply Corp	\$1,364.00	Precision Medical Supply LLC
3335	9/7/2017	AB Quality Health Supply Corp	\$1,449.00	330	9/7/2017	Quality Health Supply Corp	\$1,449.00	Precision Medical Supply LLC
3348	9/19/2017	AB Quality Health Supply Corp	\$1,050.00	304	9/22/2017	AB Quality Health Supply Corp	\$1,050.00	Precision Medical Supply LLC
3373	10/17/2017	AB Quality Health Supply Corp	\$1,775.00	308	10/23/2017	AB Quality Health Supply Corp	\$1,775.00	Precision Medical Supply LLC
3382	10/26/2017	AB Quality Health Supply Corp	\$757.00	309	10/31/2017	AB Quality Health Supply Corp	\$757.00	Precision Medical Supply LLC
3385	10/27/2017	AB Quality Health Supply Corp	\$1,630.00	311	11/1/2017	AB Quality Health Supply Corp	\$1,630.00	Precision Medical Supply LLC
3386	10/30/2017	AB Quality Health Supply Corp	\$318.00	313	11/2/2017	AB Quality Health Supply Corp	\$318.00	Precision Medical Supply LLC
3388	10/31/2017	AB Quality Health Supply Corp	\$910.00	314	11/3/2017	AB Quality Health Supply Corp	\$910.00	Precision Medical Supply LLC
3418	12/1/2017	AB Quality Health Supply Corp	\$1,890.00	321	12/7/2017	AB Quality Health Supply Corp	\$1,890.00	Precision Medical Supply LLC
3447	1/9/2018	AB Quality Health Supply Corp	\$296.00	368	1/12/2018	Quality Health Supply Corp	\$296.00	Precision Medical Supply LLC
3454	1/23/2018	AB Quality Health Supply Corp	\$1,364.00	339	1/26/2018	AB Quality Health Supply Corp	\$1,364.00	Precision Medical Supply LLC
3456	1/24/2018	AB Quality Health Supply Corp	\$650.00	341	1/29/2018	AB Quality Health Supply Corp	\$650.00	Precision Medical Supply LLC
3462	1/31/2018	AB Quality Health Supply Corp	\$1,360.00	345	2/5/2018	AB Quality Health Supply Corp	\$1,360.00	Precision Medical Supply LLC
3479	2/19/2018	AB Quality Health Supply Corp	\$1,105.00	381	2/23/2018	Quality Health Supply Corp	\$1,105.00	Precision Medical Supply LLC
3507	3/20/2018	AB Quality Health Supply Corp	\$1,398.00	364	3/26/2018	AB Quality Health Supply Corp	\$1,398.00	Precision Medical Supply LLC
3536	4/11/2018	AB Quality Health Supply Corp	\$911.00	395	4/16/2018	Quality Health Supply Corp	\$911.00	Precision Medical Supply LLC
3539	4/13/2018	AB Quality Health Supply Corp	\$607.00	374	5/16/2018	AB Quality Health Supply Corp	\$607.00	Precision Medical Supply LLC
3551	4/24/2018	AB Quality Health Supply Corp	\$1,264.00	375	5/16/2018	AB Quality Health Supply Corp	\$1,264.00	Precision Medical Supply LLC
3570	5/16/2018	AB Quality Health Supply Corp.	\$841.00	Unknown	Unknown	Unknown	Unknown	Unknown
3573	5/24/2018	AB Quality Health Supply Corp.	\$911.00	Unknown	Unknown	Unknown	Unknown	Unknown
3601	6/26/2018	AB Quality Health Supply Corp.	\$4,050.00	Unknown	Unknown	Unknown	Unknown	Unknown
3615	7/16/2018	AB Quality Health Supply Corp.	\$2,269.00	Unknown	Unknown	Unknown	Unknown	Unknown
3619	7/18/2018	AB Quality Health Supply Corp.	\$386.00	Unknown	Unknown	Unknown	Unknown	Unknown
3639	8/15/2018	AB Quality Health Supply Corp.	\$1,895.00	Unknown	Unknown	Unknown	Unknown	Unknown
3651	8/30/2018	AB Quality Health Supply Corp	\$2,370.00	103	9/4/2018	Francois J Parisien	\$2,370.00	Precision Medical Supply LLC
3736	1/22/2019	AB Quality Health Supply Corp.	\$815.66	1061	1/25/2019	M Buslon Physical Therapy, P.C.	\$815.66	Precision Medical Supply LLC
3743	2/8/2019	AB Quality Health Supply Corp.	\$1,808.69	1079	2/13/2019	M Buslon Physical Therapy, P.C.	\$1,808.69	Precision Medical Supply LLC
Unknown	Unknown	AB Quality Health Supply Corp	Unknown	262	6/14/2017	AB Quality Health Supply Corp	\$1,000.00	Precision Medical Supply LLC
Unknown	Unknown	Unknown	Unknown	316	11/13/2017	AB Quality Health Supply Corp	\$1,105.00	Precision Medical Supply LLC
Unknown	Unknown	Unknown	Unknown	98	8/31/2018	Francois J Parisien	\$1,915.00	Precision Medical Supply LLC
Unknown	Unknown	Unknown	Unknown	137	8/21/2014	Madison Products of USA Inc	\$4,700.00	Precision Medical Supply LLC
Unknown	Unknown	Personal Home Care Products Corp	Unknown	218	6/22/2015	Madison Products of USA Inc	\$2,578.79	Precision Medical Supply LLC

Precision Medical Supply Invoices and Payments

Precision Medical Invoices Addressed to Flatbush Providers			Check Payments to Precision Medical Supply					
Invoice Number	Invoice Date	Invoice Addressee	Invoice Amount	Check Number	Check Date	Check Payor	Check Amount	Payee
Unknown	Unknown	Maiga Products	Unknown	207	6/28/2013	Maiga Products Corp	\$3,158.00	Precision Medical Supply LLC
1535 and 1547	Unknown	Maiga Products	Unknown	283	9/16/2013	Maiga Products Corp	\$2,666.00	Precision Medical Supply LLC
Unknown	Unknown	Unknown	Unknown	82448144-8	1/23/2017	Quality Health Supply Corp	\$2,525.00	Precision Medical Supply LLC

Exhibit 18

Checks Written By Entities Operating at 1786 Flatbush				
Payor	Payee	Amount Paid	Dates	Relationship
	Clara Pantin	Total: > \$506,000.00	9/2013 to 4/2017	Clara Pantin was an employee of the Fountainebleau Hotel where Tatiana and Oleg Rybak owned residential units.
Allay Medical Services PC	Clara Pantin	\$6,038.00	2/16/2016 to 3/1/2016	
Charles Deng Acupuncture, P.C.	Clara Pantin	\$10,029.85	5/5/2015 to 7/30/2015	
Francois J Parisien	Clara Pantin	\$189,764.13	9/14/2013 to 4/21/2016	
Island Life Chiropractic Pain Care PLLC	Clara Pantin	\$6,750.00	8/6/2014 to 5/20/2015	
Ksenia Pavlova	Clara Pantin	\$17,728.00	3/4/2015 to 4/21/2016	
Luqman K Dabiri	Clara Pantin	\$37,553.00	4/14/2014 to 7/12/2014	
Madison Products of USA Inc	Clara Pantin	\$132,309.00	9/30/2014 to 11/7/2016	
Maiga Products Corp	Clara Pantin	\$9,000.00	1/23/2015 to 9/25/2015	
Noel Blackman	Clara Pantin	\$57,591.00	8/6/2014 to 1/8/2016	
PFJ Medical Care PC	Clara Pantin	\$1,800.00	4/5/2017	Clara Pantin's son.
Quality Health Supply Corp	Clara Pantin	\$38,237.07	12/28/2015 to 10/17/2016	
	Khristopher Salado	Total: \$8,692	1/2014 to 12/2014	
	Khristopher Salado	\$6,692.00	1/14/2014 to 10/5/2014	
Francois J Parisien	Khristopher Salado	\$2,000.00	12/9/2014	
Madison Products of USA Inc	Nicholas Salado	Total: \$8,625	12/2014 to 4/2016	
	Nicholas Salado	\$2,800.00	5/14/2015 to 9/25/2015	
Francois J Parisien	Nicholas Salado	\$1,705.00	4/15/2016	
Ksenia Pavlova	Nicholas Salado	\$4,120.00	12/5/2014 to 6/11/2015	
Madison Products of USA Inc	Vasila Queen	Total: \$74,615.00	1/2013 to 2/2018	Associate of Tatiana Rybak, owner of Studio By Vasila, a nail salon up the street from one of Tatiana Rybak's condominium's in Sunny Isles Florida.
	Vasila Queen	\$1,000.00	10/20/2015 to 10/20/2015	
Allay Medical Services PC	Vasila Queen	\$17,515.00	9/26/2013 to 7/15/2016	
Francois J Parisien	Vasila Queen	\$9,700.00	1/22/2014 to 4/18/2017	
Ksenia Pavlova	Vasila Queen	\$14,000.00	7/7/2014 to 7/10/2015	
Madison Products of USA Inc	Vasila Queen	\$6,000.00	3/5/2013 to 4/21/2015	
Maria Shiela Masigla PT	Vasila Queen	\$2,500.00	12/12/2012 to 1/28/2013	
Masigla Physical Therapy PC	Vasila Queen	\$1,000.00	12/26/2017 to 12/26/2017	
MSB Physical Therapy PC	Vasila Queen	\$2,000.00	1/7/2015 to 11/10/2015	
Noel Blackman	Vasila Queen	\$9,900.00	6/20/2016 to 2/24/2018	
PFJ Medical Care PC	Vasila Queen	\$10,000.00	1/17/2013 to 1/27/2014	
Pierre J Renelique MD	Vasila Queen	\$1,000.00	6/10/2016 to 6/10/2016	
Quality Health Supply Corp	Vasila Queen			

Checks Written By Entities Operating at 1786 Flatbush				
Payor	Payee	Amount Paid	Dates	Relationship
	Voldymyr Maistrenko, Olga Maistrenko, and Art Glass International LLC	Total: > \$216,000.00	7/2013 to 1/2018	Interior designer, his wife, and business, located in North Miami, Florida, 15 minutes from one of Tatiana Rybak's condominium's in Sunny Isles, Florida and midway between that condominium and the Fountainbleau Hotel.
Alloy Medical Services PC	Maistrenkos and Art Glass	\$34,350.00	10/20/2015 to 1/12/2018	
Francois J Parisien	Maistrenkos and Art Glass	\$65,700.00	7/12/2013 to 5/24/2017	
JPF Medical Services PC	Maistrenkos and Art Glass	\$10,000.00	5/23/2017 to 6/21/2017	
Ksenia Pavlova	Maistrenkos and Art Glass	\$27,848.00	2/11/2014 to 1/22/2018	
Madison Products of USA Inc	Maistrenkos and Art Glass	\$7,000.00	7/9/2014 to 7/9/2014	
MSB Physical Therapy PC	Maistrenkos and Art Glass	\$18,500.00	12/30/2016 to 10/17/2017	
PFJ Medical Care PC	Maistrenkos and Art Glass	\$33,545.00	9/20/2016 to 1/7/2018	
Quality Health Supply Corp	Maistrenkos and Art Glass	\$20,000.00	11/15/2015 to 1/12/2018	
	Kristina Kalitskaya	Total: \$4,000	10/23/2015 to 10/23/2015	
Francois J Parisien	Kristina Kalitskaya	\$4,000.00	10/23/2015 to 10/23/2015	Employee of Voldymyr Maistrenko
	Les Levine	Total: > \$221,000	4/2016 to 4/2018	Private investigator purportedly hired to help Oleg Rybak and others defend the lawsuit brought by Dr. Gutierrez.
AB Quality Health Supply Corp	Les Levine	\$2,000.00	10/26/2016 to 10/27/2016	
Alloy Medical Services PC	Les Levine	\$20,973.60	8/17/2016 to 4/3/2018	
Francois J Parisien	Les Levine	\$18,157.75	7/12/2016 to 10/4/2016	
JPF Medical Services PC	Les Levine	\$37,926.00	11/17/2016 to 10/25/2017	
KP Medical Care PC	Les Levine	\$650.00	1/3/2017 to 1/3/2017	
Ksenia Pavlova	Les Levine	\$27,330.35	4/6/2016 to 12/16/2016	
MSB Physical Therapy PC	Les Levine	\$3,025.00	12/20/2016 to 4/4/2018	
PFJ Medical Care PC	Les Levine	\$98,804.57	7/2/2016 to 3/19/2018	
Quality Health Supply Corp	Les Levine	\$13,000.00	5/26/2016 to 10/26/2016	
	Real Estate Law Firm	Total: > \$425,000	8/2014 to 5/2018	Real estate law firm that represented the Rybak family in a variety of real estate ventures. Represented Tatiana Rybak's son and Oleg Rybak's brother, Sergey Rybak or Rybak Development in three cases filed in 2009, 2015 and 2017.
Alloy Medical Services PC	Real Estate Law Firm	\$66,300.00	10/27/2015 to 1/31/2018	
Charles Deng Acupuncture, P.C.	Real Estate Law Firm	\$70,099.06	8/6/2014 to 7/28/2017	
Francois J Parisien	Real Estate Law Firm	\$25,000.00	11/26/2015 to 11/26/2015	
Island Life Chiropractic Pain Care PLLC	Real Estate Law Firm	\$50,300.00	1/5/2017 to 11/16/2017	
JPF Medical Services PC	Real Estate Law Firm	\$10,000.00	3/28/2017 to 4/10/2017	
Ksenia Pavlova	Real Estate Law Firm	\$26,000.00	11/12/2014 to 1/31/2018	
MSB Physical Therapy PC	Real Estate Law Firm	\$53,455.00	1/30/2017 to 12/22/2017	
PFJ Medical Care PC	Real Estate Law Firm	\$104,130.00	1/6/2017 to 5/15/2018	
Quality Health Supply Corp	Real Estate Law Firm	\$20,000.00	11/26/2015 to 11/26/2015	

Checks Written By Entities Operating at 1786 Flatbush				
Payor	Payee	Amount Paid	Dates	Relationship
				HSBC branch manager who testified in 2013 that she has known Tatiana Rybak since the 1990s, was identified by Dr. Gutierrez as Tatiana Rybak's connection at HSBC Bank who could arrange for tellers to cash checks, and had a daughter who received money from Dr. Arguelles' professional corporations that operated at 1468 Flatbush.
Ally Medical Services PC	Lystra Moore-Besson	Total: \$1,510	7/2016 to 7/2016	
	Lystra Moore-Besson	\$1,120.00	7/8/2016 to 7/22/2016	
PFJ Medical Care PC	Lystra Moore-Besson	\$390.00	7/1/2016 to 7/1/2016	

Exhibit 19

QUALITY HEALTH SUPPLY CORP

205
1-18-2020
2017

DATE

9/16

Pay to the Order of Carly Ford Dollars \$ 4,000.00

For 24

ID Bank
America's Most Convenient Bank®

1:0260136731: 8268 0205

Account: 8268
Amount: 4,000.00
PostDate: 20160616
Tran_ID: 511884761
CheckNum: 205
DIN: 511885251
ReturnReasonCode:

Signature

Account: 8268
Amount: 4,000.00
PostDate: 20160616
Tran_ID: 511884761
CheckNum: 205
DIN: 511885251
ReturnReasonCode:

TDBAB000045

Account: ██████████ 8218
Amount: 350.00
PostDate: 20160406
Tran_ID: 500961101
CheckNum: 245
DIN: 500961591
ReturnReasonCode:

Account: ██████████8218
Amount: 2,000.00
PostDate: 20160406
Tran_ID: 500961101
CheckNum: 247
DIN: 500961596
ReturnReasonCode:

Account: [REDACTED] 8218
Amount: 350.00
PostDate: 20160406
Tran_ID: 500961101
CheckNum: 245
DIN: 500961591
ReturnReasonCode:

Account: 4-8218
Amount: 2,000.00
PostDate: 20160406
Tran_ID: 500961101
CheckNum: 247
DIN: 500961596
ReturnReasonCode:

ENDORSE HERE
X 359
CHECK For Deposit
AMOUNT \$350.00
DATE 12/20/16
FOR DEPOSIT ONLY
LES LEVINE INVESTIGATIONS, INC.
4480

Account: 2041
Amount: 350.00
PostDate: 20161221
Tran_ID: 504674986
CheckNum: 111
DIN: 504675286
ReturnReasonCode:

ENDORSE HERE
X
AMOUNT \$350.00
DATE 12/20/16
FOR DEPOSIT ONLY
LES LEVINE INVESTIGATIONS, INC.
4480

Account: 2041
Amount: 350.00
PostDate: 20161221
Tran_ID: 504674986
CheckNum: 110
DIN: 504675291
ReturnReasonCode:

MSB PHYSICAL THERAPY PC
Pay to the Order of Cash
12/20/16
\$350.00
Dollars
For Mr. S. S. S.
ID Bank
America's Most Convenient Bank®
120 260 135 731 2016 0111

Account: 2041
Amount: 350.00
PostDate: 20161221
Tran_ID: 504674986
CheckNum: 111
DIN: 504675286
ReturnReasonCode:

MSB PHYSICAL THERAPY PC
Pay to the Order of Cash
12/20/16
\$350.00
Dollars
For Mr. S. S. S.
ID Bank
America's Most Convenient Bank®
120 260 135 731 2016 0111

Account: 2041
Amount: 350.00
PostDate: 20161221
Tran_ID: 504674986
CheckNum: 110
DIN: 504675291
ReturnReasonCode:

Exhibit 20



NOEL E. BLACKMAN M.D

INITIAL EVALUATION

Re: [REDACTED]
DOB: [REDACTED]
DOA: 7-16-14
Date of Evaluation: 7-18-14

ACCIDENT HISTORY:

Type: ☒ MVA ☐ Work Related ☐ Slip and Fall ☐ Other: _____
Where you: ☐ Pedestrian ☒ Passenger ☐ Driver
Traveling in the: ☒ Front seat ☐ Rear seat Seat belted: ☐ Y ☐ N
Injury Happened: ☐ At work ☐ At home ☒ MVA EXACT Location: _____
E R Treatment: ☒ Yes ☐ No Hospital Name: MOMOTRIE
Date admitted: _____ Date discharged: _____ ☒ Patient was treated and released
Has patient worked since accident? ☒ No ☐ Yes, returned date: _____ ☐ Light duty ☐ Regular duty
Has patient been in a prior accident? ☒ No ☐ Yes, type & when: ☐ MVA _____ ☐ WC _____

PRESENT COMPLAINTS:

The patient initially had complaints of headaches, dizziness, vertigo, Chest pain, difficulty of breathing, pain in the neck, upper back, lower back, upper extremities; (R/L shoulder, R/L elbow, R/L wrist, hand, fingers), lower extremities, (R/L hip, R/L thigh, R/L knee, R/L ankle, R/L foot).

- ☐ Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring Vision / Balance Disturbance / Fever / Chills / Night Sweats / Weight Gains / Weight Loss / Others
- ☒ Chest Pain / Tenderness / Tingling
- ☒ Difficulty of breathing
- ☒ Neck pain with () upper extremity radiating pain and parasthesia (R) Shoulder
- ☒ Tingling sensation in the right/left both arms/forearms/fingers
- ☒ Upper back pain
- ☒ Low back pain with (L) lower extremity radiating pain and parenthesis (R) leg
- ☐ Numbness / weakness / tingling to the right/left/both legs/ feet/toes
- ☐ Pain in the Scalp / Face / Chest / Abdomen / (R) Shoulder / () Elbow / () Wrist / () Hand / () Hip / (R) Knee / () Ankle / () Foot / Other _____

Pain Descriptive:

_sharp; _stabbing; _shooting; _burning ☒ aching; _tingling; _numbness; _pulsating; _____

☒ constant; _intermittent; _occasional

How many hours per day patient has pain 24

How many days per week patient has pain 7

What activities are most affected by pain lifting, bending, running, exercising.

08052014

Patient Name: _____ Date: _____

Activity level is:

- ☒ unchanged
☒ diminished
☒ significantly restricted
☐ pain with manual labor
☐ unable to perform manual labor
☐ unable to perform daily household chores

Where is pain worst:

neck: _____ back: _____ R/L leg: _____ R/L arm: _____
(other)

Pain scale (1-10): 0-No Pain; 1-3 Minimal; 4-6 Moderate; 7-9 Intense; 10 Emergency

Neck 8
Back 7
Arm 8
Leg 8

What makes pain worst:

☒ standing; ☐ lack of sleep; ☐ reaching overhead; ☒ sitting; ☐ laying down; ☒ coughing; ☐ walking; ☒ lifting; ☐ sneezing;
☐ bending; ☐ weather; ☐ tension; ☐ driving; ☒ housework activity; ☒ arising from chairs; _____ other

Sever Night time pain YES/NO

Waking up in the middle of the night because of pain YES/NO if yes how many times _____

PAST MEDICAL HISTORY:

- ☒ There is no significant past medical history
☒ There is a history of (HTN, Diabetes, Asthma, Osteoarthritis) other: _____
☒ Medication no

PAST SURGICAL HISTORY:

- ☐ There is no significant past medical history
☒ There is a history of shoulder & knee rehab lance

PAST FAMILY HISTORY

EMPLOYMENT HISTORY:

The patient had not been employed/ The patient has been employed prior to the accident.
The patient has /has not been able to return to work.

REVIEW OF SYSTEM:

- ☐ Constitutional Symptoms (fever; weight loss; other) no
☐ Eyes w.n.c
☐ Ears w.n.c; Nose w.n.c; Mouth w.n.c; Throuht _____
☐ Cardiovascular w.n.c
☐ Gastrointestinal w.n.c
☐ Genitourinary w.n.c
☐ Musculoskeletal C-spine & thoracic spine & C-spine tenderness and d.p.o.m. R knee
☐ Integumentary (skin w.n.c, breast _____)
☐ Neurological w.n.c

shoulder pain on R.O.M.
tenderness R
08052014

Patient Name: _____ Date: _____

Psychiatric W. ml
 Endocrine W. ml
 Hematologic/Lymphatic W. ml
 Allergic/Immunologic W. ml

PHYSICAL EXAMINATION

VITAL SIGNS: BP: _____ WT: 5'9" HT: 134 T°: _____ RR: 12 Pulse: 72

HEENT:

The head is normocephalic. There is full range of extra ocular muscle and a normal light reflex. No nystagmus is noted. External canals and tympanic membranes are normal. Hearing is normal. The tongue protrudes in the midline. He/She complained of headaches.

SKIN:

The skin is intact. No ecchymosis laceration or abrasions are noted.

CHEST & LUNGS EXAMINATION:

The chest was symmetrical on excursion. No wheezing, rales or ronchi was heard on palpation.

CARDIOVASCULAR EXAMINATION:

The heart size seemed to be normal. The PMI was normal. No murmur, gallop, thrill or rub was noted. The rhythm was regular. Checked pulses were synchronous and equal bilaterally.

ABDOMEN:

The abdomen was flat. No scar was noted. Palpation was normal, non tender in all quadrants. No organomegaly was noted.

EXAMINATION:

Cervical Spine

☐ NORMAL

Examination of the cervical spine showed loss of the normal lordosis. Tenderness, spasm and stiffness were noted on palpation of the posterior occipital, paraspinals and trapezius muscle. Range of motion was limited, restricted and painful.

Cervical ROM	Normal	Patient	Quantity
Flexion	50°	40	Severe / Moderate
Extension	60°	50	Severe / Moderate
Right Lateral Flexion	45°	30	Severe / Moderate
Left Lateral Flexion	45°	30	Severe / Moderate
Right Rotation	80°	70	Severe / Moderate
Left Rotation	80°	70	Severe / Moderate

Tender points were also elicited at C3, C4, C5, C6, C7 levels. The soto hall (force flexion of the head and neck upon the sternum) elicited pain. Cervical distraction test was positive indicating the presence of a spinal nerve root compression. Manual testing of muscle strength was positive. Pinprick and touch was abnormally decreased over the right left arm. The patient had difficulties looking up to the ceiling because of spasm and stiffness of the cervical musculature.

THORACIC SPINE:

☐ NORMAL

There was pain/no pain on deep inspiration. Tenderness/no tenderness on palpation over the paraspinals and/or the angle of the ribs were noted. Range of motion was / was not limited.

Patient Name: _____ Date: _____

LUMBAR SPINE:

☐ NORMAL

Muscle spasm was noted on palpation. Visualized muscle spasm and diffuse tenderness are noted over the paraspinal erector spinae, iliocostalis lumborum, the Multifidus the gluteus muscles and the latissimus dorsi, radiating to the sciatic notches, the RIGHT/ LEFT hip, THE LOWER EXTREMITIES, limiting the back range of motion more than _ % of normal.

Spinal ROM:	Normal	Patient	Quantity
Pelvic Sacral Angle	45°	30	Severe / Moderate
Flexion	90°	60	Severe / Moderate
Extension	30°	20	Severe / Moderate
Right Lateral Flexion	35°	20	Severe / Moderate
Left Lateral Flexion	35°	20	Severe / Moderate

Tender points were elicited at L2, L3, L4, L5-S1 levels. Straight leg raising test was positive on the right/left/bilaterally.

☒ The Braggard's test was positive indicating the presence of a disc protrusion in the lumbar spine with nerve root irritation.

☐ The Kemp's test (rotation and oblique backward bending of the standing patient) was positive indicating the presence of a disc protrusion, nerve root impingement, sprain or disc herniation of the lumbar spine.

☒ The Lassegue straight leg raising test was positive indication a disc lesion, nerve root impingement or disc herniation of the lumbar spine.

☐ The bilateral leg raise test was positive confirming a severe sprain or a disc pathology in the lumbar spine.

☐ The Ely's heel to buttock test was positive corroborating a lesion of the lumbar nerve roots.

☐ The Naclis heel to contralateral buttock test was positive indicating a lesion of the lumbar nerve root.

☐ The heel walk test was weak when the patient walks several steps on the heel indicating a lesion of the fibers of the L5 nerve root.

☐ The toe walk test was weak on the right side indicating a lesion at L5-S1 root level.

ELBOW / WRIST / HAND:

☐ NORMAL

SHOULDER:

☐ NORMAL

The left/right shoulder was painful, spastic and restricted on palpation and mobilization of the deltoid muscles and the AC joints. Crepitation was felt on palpation and mobilization of the acromioclavicular joints. Trigger points were elicited on palpation of the supraspinatus, infraspinatus deltoid, biceps brachii muscles causing severe limitation and pain on motion. The range of motion was limited and painful.

Shoulder ROM:	Normal	R	L	Quantity
Abduction	180°	140	180	Severe / Moderate
Forward Flexion	180°	140	180	Severe / Moderate
Extension	60°	30	60	Severe / Moderate
Internal Rotation	90°	40	90	Severe / Moderate
External Rotation	90°	40	90	Severe / Moderate

Hand to shoulder blade test was positive. Apley's scratch test was positive. The patient complains of shoulder pain on the left/right side and was unable to reach behind to a back pocket and in front to comb hair or brush teeth.

08052014

Patient Name: _____ Date: _____

HIP:☒ NORMAL

Swelling, hematoma and bruises were noted over lateral/anterior aspect of the left/right thigh. Tenderness was also noted on palpation of the sacroiliac area. Trigger points were elicited on palpation of the left/right gluteus medius. The range of motion was limited and painful. Ely's heel to buttock test was positive. Thomas test was positive.

HIP ROM:	Normal	R	L	Quantity
Flexion	120°	120	120	Severe / Moderate
Extension	35°	35	35	Severe / Moderate
Abduction	50°	50	50	Severe / Moderate
Adduction	30°	30	30	Severe / Moderate
Internal Rotation	35°	35	35	Severe / Moderate
External Rotation	45°	45	45	Severe / Moderate

KNEE:☐ NORMAL

Swelling, hematoma and bruises were noted over anterior/posterior/lateral aspect of the left/right knee. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Knee ROM:	Normal	R	L	Quantity
Flexion	135°	135	135	Severe / Moderate
Extension	10°	10	10	Severe / Moderate
Internal Tibial Rotation	30°	30	30	Severe / Moderate
External Tibial Rotation	45°	45	45	Severe / Moderate

ANKLE:☒ NORMAL

Swelling, hematoma and bruises were noted over anterior/posterior/malleolar aspect of the left/right ankle. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Ankle ROM:	Normal	R	L	Quantity
Dorsi Flexion	20°	20	20	Severe / Moderate
Plantar Flexion	50°	50	50	Severe / Moderate
Inversion	15°	15	15	Severe / Moderate
Eversion	15°	15	15	Severe / Moderate

FOOT:☒ NORMAL**Diagnostic Impression:**

<input checked="" type="checkbox"/> Headaches	784.0	<input checked="" type="checkbox"/> Post Traumatic Cervico- Thoracic Myofascitis	723.4
<input type="checkbox"/> Chest Pain	786.50	<input checked="" type="checkbox"/> Acute Traumatic Cervical Radiculitis	724.4
<input checked="" type="checkbox"/> Post Concussion Syndrome	850.9	<input checked="" type="checkbox"/> Thoracic Sprain/Strain	847.1
<input checked="" type="checkbox"/> Back Pain Unspecified	724.5	<input checked="" type="checkbox"/> Acute Traumatic Lumbrosacral Radiculitis	724.4
<input checked="" type="checkbox"/> Back Sprain/Strain	847.9	<input checked="" type="checkbox"/> R/O Lumbar Disc Hemiation	722.73
<input type="checkbox"/> Cervical Derangement	724.9	<input type="checkbox"/> Lumbar Derangement	724.9
<input checked="" type="checkbox"/> Cervical Sprain/Strain	847.0	<input checked="" type="checkbox"/> Post-Traumatic Lumbar Myofascitis	724.2
<input checked="" type="checkbox"/> Cervicalgia	732.1	<input checked="" type="checkbox"/> Lumbar Sprain/Strain	847.2

08052014

Patient Name: _____ Date: _____

<input checked="" type="checkbox"/> Acute Traumatic Cervical Radiculitis	729.1	<input type="checkbox"/> Sacral Sprain/Strain	847.3
<input checked="" type="checkbox"/> R/O Cervical Disc Herniation	722.71	<input type="checkbox"/> Contusion Thigh/Hip	924.0
<input type="checkbox"/> Hip Derangement	718.95	<input checked="" type="checkbox"/> Shoulder Sprain/Strain	840.8
<input type="checkbox"/> Hip Pain Unspecified	719.45	<input type="checkbox"/> Ankle/Foot Derangement	718.95
<input type="checkbox"/> Wrist Derangement	718.93	<input type="checkbox"/> Foot Pain Unspecified	719.47
<input type="checkbox"/> Elbow Derangement	718.92	<input type="checkbox"/> Knee Derangement	717.9
<input checked="" type="checkbox"/> Elbow Pain Unspecified	719.42	<input type="checkbox"/> Knee Pain Unspecified	717.46
<input type="checkbox"/> Hand Derangement	718.92	<input type="checkbox"/> Knee Sprain/Strain	844.9
<input type="checkbox"/> Hand Pain Unspecified	729.5	<input type="checkbox"/> Anxiety, Tension and Stress Reactive to pain	308.0
<input type="checkbox"/> Shoulder Derangement	718.91	<input type="checkbox"/> Elevated Blood Pressure	796.2

Others: _____

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☒ Avoid Physical Activity
- ☐ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular scheduled basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15 min.
- ☐ Computerized ROM and MMT examination

The patient advised to use at home:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Cervical collar 2 pc. | <input checked="" type="checkbox"/> EMS unit +kit |
| <input checked="" type="checkbox"/> Cervical Traction Kit | <input checked="" type="checkbox"/> EMS Placement Belt |
| <input checked="" type="checkbox"/> Orthopedic Pillow | <input checked="" type="checkbox"/> Electric Massager |
| <input type="checkbox"/> Thermophore | <input type="checkbox"/> Orthopedic Elbow support L R |
| <input type="checkbox"/> Lumbosacral Orthosi | <input checked="" type="checkbox"/> Orthopedic Knee Support L R |
| <input checked="" type="checkbox"/> Lumbar cushion | <input type="checkbox"/> Orthopedic Ankle Support L R |
| <input type="checkbox"/> Orthopedic Car Seat | <input type="checkbox"/> Orthopedic Wrist Support L R |
| <input type="checkbox"/> Orthopedic Bed Board | <input checked="" type="checkbox"/> Orthopedic Shoulder Support L R |
| <input checked="" type="checkbox"/> Eggcrate Mattress | <input type="checkbox"/> Infrared Heat Lamp |
| <input type="checkbox"/> Hot/Cold Pack | <input checked="" type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Water Circulating Cold/Heat Pad with Pump | <input type="checkbox"/> Cane |

The patient is referred to:

X-Rays of the:

- Indications: _____
- ☒ Cervical Spine
 - ☒ Lumbar Spine

MRI's:

- Indications: _____
- ☐ Brain
 - ☒ Cervical Spine

08052014

Patient Name: _____ Date: _____

☐ Thoracic Spine
☒ Knee (R) L
☒ Shoulder (R) L
☐ Wrist R L
☐ Ankle R L

Other: _____

☒ Thoracic Spine
☒ Knee (R) L
☒ Shoulder (R) L
☐ Wrist R L
☐ Ankle R L
☒ L spine

The patient is prescribed medication: _____

Consults; _____

() EKG

Indications: _____

() Neurology

Indications: _____

() _____

Indications: _____

(☒) Follow-Up in 3-4 weeks

Prognosis: ☐ Excellent; ☐ Good; ☒ Fair; ☐ Poor; ☐ Guarded

Disability:

☒ Patient is partially disabled

☒ Mild 25-49% ☐ Moderate 50-74% ☐ Marked 75-99%

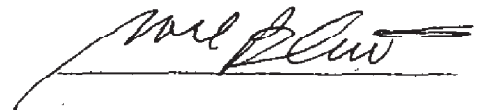
☐ Patient is totally disabled

Casualty:

According to my best judgment, if history given by the patient accurate, the above mentioned accident seems to be causative factor of patient's symptomology.

DISABILITY & PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on 2/16/14 and the disability resulting from it is/may be of a temporary/permanent nature. The prognosis for a complete recovery is presently (cautiously optimistic/guarded).



08052014



JULES F. PARISIEN M.D

INITIAL EVALUATION

Re: [REDACTED]

DOB: [REDACTED]

DOA: 2-04-14

Date of Evaluation: 2-05-14

ACCIDENT HISTORY:

Type: ☒ MVA ☐ Work Related ☐ Slip and Fall ☐ Other: _____
Where you: ☐ Pedestrian ☒ Passenger ☐ Driver
Traveling in the: ☐ Front seat ☒ Rear seat Seat belted: ☒ Y ☐ N
Injury Happened ☐ At work ☐ At home ☐ MVA EXACT Location: 118th Glenwood
E R Treatment: ☐ Yes ☐ No Hospital Name: did not go
Date admitted _____ Date discharged _____ ☐ Patient was treated and released
Has patient worked since accident? ☒ No ☐ Yes, returned date: _____ ☐ Light duty ☐ Regular duty
Has patient been in a prior accident? ☐ No ☒ Yes, type & when: ☐ MVA _____ ☐ WC _____

At knee hit the back of the seat
Pain in morning the whole spine

PRESENT COMPLAINTS:

The patient initially had complaints of headaches, dizziness, vertigo, chest pain, difficulty of breathing, pain in the neck, upper back, lower back, upper extremities; (R/L shoulder, R/L elbow, R/L wrist, hand, fingers), lower extremities; (R/L hip, R/L thigh, R/L knee, R/L ankle, R/L foot)

- Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring Vision / Balance Disturbance / Fever / Chills / Night Sweats / Weight Gains / Weight Loss / Others
- Chest Pain / Tenderness / Tingling
- Difficulty of breathing
- Neck pain with () upper extremity radiating pain and parasthesia
- Tingling sensation in the right/left both arms/forearms/fingers
- Upper back pain
- Low back pain with () lower extremity radiating pain and parenthesis
- Numbness / weakness / tingling to the right/left/both legs/ feet/toes
- Pain in the Scalp / Face / Chest / Abdomen / () Shoulder / () Elbow / () Wrist / () Hand / () Hip / () Knee / () Ankle / () Foot / Other _____

Pain Descriptive:

_sharp; _stabbing; _shooting; _burning; _aching; _tingling; _numbness; _pulsating; _____
_constant; _intermittent; _occasional

How many hours per day patient has pain 14-16 hrs

How many days per week patient has pain daily

What activities are most affected by pain carrying dishes twisting

Patient Name: [REDACTED] Date: 02-05-14

Activity level is:

- ☐ unchanged
- ☐ diminished
- ☒ significantly restricted
- ☐ pain with manual labor
- ☐ unable to perform manual labor
- ☐ unable to perform daily household chores

Where is pain worst:

☒ neck: back; ☐ R/L leg; ☐ R/L arm: _____
(other)

Pain scale (1-10): 0-No Pain; 1-3 Minimal; 4-6 Moderate; 7-9 Intense; 10 Emergency

Neck 9/10
Back 9/10
Arm _____
Leg _____

What makes pain worst:

☐ standing; ☐ lack of sleep; ☐ reaching overhead; ☐ sitting; ☐ laying down; ☐ coughing; ☐ walking; ☐ lifting; ☐ sneezing;
☐ bending; ☐ weather; ☐ tension; ☐ driving; ☐ housework activity; ☐ arising from chairs; Twisting other

Sever Night time pain YES/NO

Waking up in the middle of the night because of pain YES/NO if yes how many times _____

PAST MEDICAL HISTORY:

- ☐ There is no significant past medical history
- ☐ There is a history of (HTN, Diabetes, Asthma Osteoarthritis) other: _____
- ☐ Medication _____

PAST SURGICAL HISTORY:

- ☒ There is no significant past medical history
- ☐ There is a history of _____

PAST FAMILY HISTORY

Diabetes M.

EMPLOYMENT HISTORY:

The patient had not been employed / The patient has been employed prior to the accident.
The patient has / has not been able to return to work.

REVIEW OF SYSTEM:

☐ Constitutional Symptoms (☐ fever; ☐ weight loss; ☐ other)
☐ Eyes _____
☐ Ears _____; ☐ Nose _____; ☐ Mouth _____; ☐ Throuht _____
☐ Cardiovascular _____
☐ GastroIntestinal _____
☐ Genitourinary _____
☐ Musculoskeletal Weakness pain
☐ Integumentary (☐ skin _____; ☐ brest _____)
☐ Neurological tingling

Patient Name: _____

Date: 02/05/10

☐ Psychiatric _____
☐ Endocrine _____
☐ Hematologic/Lymphatic _____
☐ Allergic/Immunologic _____

PHYSIAL EXAMINATION

VITAL SIGNS: BP: 120/60 WT: 180 HT: 59 T°: _____ RR: 16 Pulse: 68

HEENT:

The head is normocephalic. There is full range of extra ocular muscle and a normal light reflex. No nystagmus is noted. External canals and tympanic membranes are normal. Hearing is normal. The tongue protrudes in the midline. He/She complained of headaches.

SKIN:

The skin is intact. No ecchymosis laceration or abrasions are noted.

CHEST & LUNGS EXAMINATION:

The chest was symmetrical on excursion. No wheezing, rales or ronchi was heard on palpation.

CARDIOVASCULAR EXAMINATION:

The heart size seemed to be normal. The PMI was normal. No murmur, gallop, thrill or rub was noted. The rhythm was regular. Checked pulses were synchronous and equal bilaterally.

ABDOMEN:

The abdomen was flat. No scar was noted. Palpation was normal, non tender in all quadrants. No organomegaly was noted.

EXAMINATION:

Cervical Spine

☐ NORMAL

Examination of the cervical spine showed loss of the normal lordosis. Tenderness, spasm and stiffness were noted on palpation of the posterior occipital, paraspinals and trapezius muscle. Range of motion was limited, restricted and painful.

Cervical ROM	Normal	Patient	Quantity
Flexion	50°	50	Severe / Moderate
Extension	60°	20	Severe / Moderate
Right Lateral Flexion	45°	30	Severe / Moderate
Left Lateral Flexion	45°	30	Severe / Moderate
Right Rotation	80°	60	Severe / Moderate
Left Rotation	80°	60	Severe / Moderate

Tender points were also elicited at C3, C4, C5, C6, C7 levels. The soto hall (force flexion of the head and neck upon the sternum) elicited pain. Cervical distraction test was positive indicating the presence of a spinal nerve root compression. Manual testing of muscle strength was positive. Pinprick and touch was abnormally decreased over the right left arm. The patient had difficulties looking up to the ceiling because of spasm and stiffness of the cervical musculature.

THORACIC SPINE:

☐ NORMAL mild to moderate

There was pain/no pain on deep inspiration. Tenderness/no tenderness on palpation over the paraspinals and/or the angle of the ribs were noted. Range of motion was / was not limited.

Patient Name: [REDACTED] Date: 02/05/14

LUMBAR SPINE:

☐ NORMAL

Muscle spasm was noted on palpation. Visualized muscle spasm and diffuse tenderness are noted over the paraspinal erector spinae, iliocostalis lumborum, the Multifidus the gluteus muscles and the latissimus dorsi, radiating to the sciatic notches, the RIGHT/ LEFT hip, THE LOWER EXTREMITIES, limiting the back range of motion more than 50% of normal.

Spinal ROM:	Normal	Patient	Quantity
Pelvic Sacral Angle	45°	LT	Severe / Moderate
Flexion	90°	60	Severe / Moderate
Extension	30°	20	Severe / Moderate
Right Lateral Flexion	35°	20	Severe / Moderate
Left Lateral Flexion	35°	20	Severe / Moderate

Tender points were elicited at L2, L3, L4, L5-S1 levels. Straight leg raising test was positive on the right/left/bilaterally.

- ☐ The Braggard's test was positive indicating the presence of a disc protrusion in the lumbar spine with nerve root irritation.
- ☒ The Kemp's test (rotation and oblique backward bending of the standing patient) was positive indicating the presence of a disc protrusion, nerve root impingement, sprain or disc herniation of the lumbar spine.
- ☐ The Lassegue straight leg raising test was positive indication a disc lesion, nerve root impingement or disc herniation of the lumbar spine.
- ☐ The bilateral leg raise test was positive confirming a severe sprain or a disc pathology in the lumbar spine.
- ☐ The Ely's heel to buttock test was positive corroborating a lesion of the lumbar nerve roots.
- ☐ The Naclis heel to contralateral buttock test was positive indicating a lesion of the lumbar nerve root.
- ☒ The heel walk test was weak when the patient walks several steps on the heel indicating a lesion of the fibers of the L5 nerve root.
- ☒ The toe walk test was weak on the right side indicating a lesion at L5-S1 root level.

ELBOW / WRIST / HAND:

☐ NORMAL

SHOULDER:

☐ NORMAL

The left/right shoulder was painful, spastic and restricted on palpation and mobilization of the deltoid muscles and the AC joints. Crepitation was felt on palpation and mobilization of the acromioacetabular joints. Trigger points were elicited on palpation of the supraspinatus, infraspinatus deltoid, biceps brachii muscles causing severe limitation and pain on motion. The range of motion was limited and painful.

Shoulder ROM:	Normal	R	L	Quantity
Abduction	180°			Severe / Moderate
Forward Flexion	180°			Severe / Moderate
Extension	60°			Severe / Moderate
Internal Rotation	90°			Severe / Moderate
External Rotation	90°			Severe / Moderate

Hand to shoulder blade test was positive. Apley's scratch test was positive. The patient complains of shoulder pain on the left/right side and was unable to reach behind to a back pocket and in front to comb hair or brush teeth.

Patient Name: [REDACTED]

Date: 2/7/14

HIP:☐ NORMAL

Swelling, hematoma and bruises were noted over lateral/anterior aspect of the left/right thigh. Tenderness was also noted on palpation of the sacroiliac area. Trigger points were elicited on palpation of the left/right gluteus medius. The range of motion was limited and painful. Ely's heel to buttock test was positive. Thomas test was positive.

HIP ROM:	Normal	R	L	Quantity
Flexion	120°			Severe / Moderate
Extension	35°			Severe / Moderate
Abduction	50°			Severe / Moderate
Adduction	30°			Severe / Moderate
Internal Rotation	35°			Severe / Moderate
External Rotation	45°			Severe / Moderate

KNEE:☐ NORMAL*Plknee Cent of pain 8/10*

Swelling, hematoma and bruises were noted over anterior/posterior/lateral aspect of the left/right knee. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Knee ROM:	Normal	R	L	Quantity
Flexion	135°	60		Severe / Moderate
Extension	10°	0		Severe / Moderate
Internal Tibial Rotation	30°	20		Severe / Moderate
External Tibial Rotation	45°	25		Severe / Moderate

ANKLE:☐ NORMAL

Swelling, hematoma and bruises were noted over anterior/posterior/malleolar aspect of the left/right ankle. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Ankle ROM:	Normal	R	L	Quantity
Dorsi Flexion	20°			Severe / Moderate
Plantar Flexion	50°			Severe / Moderate
Inversion	15°			Severe / Moderate
Eversion	15°			Severe / Moderate

FOOT:☐ NORMAL**Diagnostic Impression:**

<input checked="" type="checkbox"/> Headaches	784.0	<input checked="" type="checkbox"/> Post Traumatic Cervico- Thoracic Myofascitis	723.4
<input type="checkbox"/> Chest Pain	786.50	<i>No</i> <input type="checkbox"/> Acute Traumatic Cervical Radiculitis	724.4
<input checked="" type="checkbox"/> Post Concussion Syndrome	850.9	<input type="checkbox"/> Thoracic Sprain/Strain	847.1
<input type="checkbox"/> Back Pain Unspecified	724.5	<i>No</i> <input type="checkbox"/> Acute Traumatic Lumbrosacral Radiculitis	724.4
<input type="checkbox"/> Back Sprain/Strain	847.9	<input checked="" type="checkbox"/> R/O Lumbar Disc Hemiation	722.73
<input type="checkbox"/> Cervical Derangement	724.9	<input type="checkbox"/> Lumbar Derangement	724.9
<input type="checkbox"/> Cervical Sprain/Strain	847.0	<input checked="" type="checkbox"/> Post-Traumatic Lumbar Myofascitis	724.2
<input type="checkbox"/> Cervicalgia	732.1	<input type="checkbox"/> Lumbar Sprain/Strain	847.2

02172014

Patient Name: _____

Date: 2/5/14

<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	729.1	<input type="checkbox"/> Sacral Sprain/Strain	847.3
<input type="checkbox"/> R/O Cervical Disc Hemiation	722.71	<input type="checkbox"/> Contusion Thigh/Hip	924.0
<input type="checkbox"/> Hip Derangement	718.95	<input type="checkbox"/> Shoulder Sprain/Strain	840.8
<input type="checkbox"/> Hip Pain Unspecified	719.45	<input type="checkbox"/> Ankle/Foot Derangement	718.95
<input type="checkbox"/> Wrist Derangement	718.93	<input type="checkbox"/> Foot Pain Unspecified	719.47
<input type="checkbox"/> Elbow Derangement	718.92	<input checked="" type="checkbox"/> Knee Derangement	717.9
<input type="checkbox"/> Elbow Pain Unspecified	719.42	<input type="checkbox"/> Knee Pain Unspecified	717.46
<input type="checkbox"/> Hand Derangement	718.92	<input type="checkbox"/> Knee Sprain/Strain	844.9
<input type="checkbox"/> Hand Pain Unspecified	729.5	<input type="checkbox"/> Anxiety, Tension and Street Reactive to pain	308.0
<input type="checkbox"/> Shoulder Derangement	718.91	<input type="checkbox"/> Elevated Blood Pressure	796.2

Others: RT Knee to LV Ligament

Treatment Plan and Recommendation:

- ☒ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☐ The patient advised to attend a supervised physical therapy program on a regular scheduled basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15 min.
- ☐ Computerized ROM and MMT examination

The patient advised to use at home:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Cervical collar 2 pc. | <input checked="" type="checkbox"/> EMS unit +kit |
| <input checked="" type="checkbox"/> Cervical Traction Kit | <input checked="" type="checkbox"/> EMS Placement Belt |
| <input checked="" type="checkbox"/> Orthopedic Pillow | <input checked="" type="checkbox"/> Electric Massager |
| <input type="checkbox"/> Thermophore | <input type="checkbox"/> Orthopedic Elbow support L R |
| <input type="checkbox"/> LumboSacral Orthosi | <input checked="" type="checkbox"/> Orthopedic Knee Support L <input checked="" type="checkbox"/> R |
| <input checked="" type="checkbox"/> Lumbar cushion | <input type="checkbox"/> Orthopedic Ankle Support L R |
| <input checked="" type="checkbox"/> Orthopedic Car Seat | <input type="checkbox"/> Orthopedic Wrist Support L R |
| <input checked="" type="checkbox"/> Orthopedic Bed Board | <input type="checkbox"/> Orthopedic Shoulder Support L R |
| <input checked="" type="checkbox"/> Eggcrate Mattress | <input type="checkbox"/> Infrared Heat Lamp |
| <input type="checkbox"/> Hot/Cold Pack | <input checked="" type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Water Circulating Cold/Heat Pad with Pump | <input type="checkbox"/> Cane |

The patient is referred to:

X-Rays of the:

Indications: _____

- ☒ Cervical Spine
- ☒ Lumbar Spine

MRI's:

Indications: _____

- ☐ Brain
- ☒ Cervical Spine
- Lumbar

8982

Patient Name: _____

Date: 2/25/16☐ Thoracic Spine☐ Knee ☒ R ☐ L☐ Shoulder R L☐ Wrist R L☐ Ankle R L

Other: _____

☐ Thoracic Spine☒ Knee ☒ R ☐ L☐ Shoulder R L☐ Wrist R L☐ Ankle R L

The patient is prescribed medication: _____

Consults; _____

☐ EKG

Indications: _____

☒ Neurology

Indications: _____

☐ _____

Indications: _____

☐ Follow-Up in 3-4 weeksPrognosis: ☐ Excellent; ☐ Good; ☒ Fair; ☐ Poor; ☐ Guarded

Disability: _____

☐ Patient is partially disabled☒ Mild 25-49% ☐ Moderate 50-74% ☐ Marked 75-99%☐ Patient is totally disabled

Casualty: _____

According to my best judgment, if history given by the patient accurate, the above mentioned accident seems to be causative factor of patient's symptomology.

DISABILITY & PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on 02/05/14 and the disability resulting from it is/may be of a temporary/permanent nature. The prognosis for a complete recovery is presently (cautiously optimistic/guarded).

Jules F. Parisien MD.
JULES F. PARISIEN MD.

02172014

Exhibit 21

KSENIA PAVLOVA

2 OF 6

The patient is: ☐ totally disabled ☐ partially disabled ☒ not disabled from previous work as a/an _____
Permanency is: ☐ probable ☐ possible ☐ expected ☐ total ☐ marked partial ☐ moderate partial ☐ mild partial

NEW RECOMMENDED PLAN OF CARE:

- ☒ The patient was informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage.
- ☒ The patient is advised to start on a course of Therapeutics Injections _____.
- ☐ The patient is advised to start on a course of Platelet Rich Plasma Injections _____.
- ☐ _____

Because of the above findings the following are necessary for proper management of the patient:

- ☐ Orthopedic Consultation ☐ Neurological Consultation ☐ Dental Consultation
☐ Internal Medicine Consultation ☐ Ophthalmology Consultation ☐ HEENT Consultation
☒ Chiropractor ☒ Acupuncture ☒ Pain Management

V. AUTHORIZATION REQUEST (Workers Compensation Only):

This is a formal Authorization Request for:

- ☐ MUA _____ ☐ EMG _____ ☐ MRI _____
☐ THERAPEUTIC INJECTIONS _____ ☐ PLATELET RICH PLASMA INJECTION _____

TREATMENT:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten).
The following treatment modalities are being applied individually of in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block injections: _____
☐ Trigger Point Injections: _____
☐ Facet Joint Injections: _____
☐ Intra-articular Injections: _____
☐ Platelet Rich Plasma injections: _____

USING:

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☐ Surface anatomy technique
☐ Radiologic anatomy technique (C-Arm)

Using: ☐ 1% Lidocaine ☐ Depomedrol 40 mg/cc ☐ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

Nerve Block administered to:

- ☐ Thoracic C7-T1
☐ Lumbar paravertebral sympathetic nerve
☐ Bilaterally ☐ Unilaterally

Trigger Point is administered to:

- ☐ The following muscles: _____
☐ Bilaterally ☐ Unilaterally

Diagnostic Impression:

12222014

KSENIA PAVLOVA

<input type="checkbox"/> Headaches	784.0	<input checked="" type="checkbox"/> 3 OF 6 Post Traumatic Cervico- Thoracic Myofascitis	723.4
<input type="checkbox"/> Chest Pain	786.50	<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	724.4
<input type="checkbox"/> Post Concussion Syndrome	850.9	<input type="checkbox"/> Thoracic Sprain/Strain	847.1
<input type="checkbox"/> Back Pain Unspecified	724.5	<input type="checkbox"/> Acute Traumatic Lumbrosacral Radiculitis	724.4
<input type="checkbox"/> Back Sprain/Strain	847.9	<input type="checkbox"/> R/O Lumbar Disc Hemiation	722.73
<input type="checkbox"/> Cervical Derangement	724.9	<input type="checkbox"/> Lumbar Derangement	724.9
<input type="checkbox"/> Cervical Sprain/Strain	847.0	<input checked="" type="checkbox"/> Post-Traumatic Lumbar Myofascitis	724.2
<input type="checkbox"/> Cervicalgia	732.1	<input type="checkbox"/> Lumbar Sprain/Strain	847.2
<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	729.1	<input type="checkbox"/> Sacral Sprain/Strain	847.3
<input type="checkbox"/> R/O Cervical Disc Hemiation	722.71	<input type="checkbox"/> Contusion Thigh/Hip	924.0
<input type="checkbox"/> Hip Derangement	718.95	<input type="checkbox"/> Shoulder Sprain/Strain	840.8
<input type="checkbox"/> Hip Pain Unspecified	719.45	<input type="checkbox"/> Ankle/Foot Derangement	718.95
<input type="checkbox"/> Wrist Derangement	718.93	<input type="checkbox"/> Foot Pain Unspecified	719.47
<input type="checkbox"/> Elbow Derangement	718.92	<input type="checkbox"/> Knee Derangement	717.9
<input type="checkbox"/> Elbow Pain Unspecified	719.42	<input type="checkbox"/> Knee Pain Unspecified	717.46
<input type="checkbox"/> Hand Derangement	718.92	<input type="checkbox"/> Knee Sprain/Strain	844.9
<input type="checkbox"/> Hand Pain Unspecified	729.5	<input type="checkbox"/> Anxiety, Tension and Street Reactive to pain	308.0
<input type="checkbox"/> Shoulder Derangement	718.91	<input type="checkbox"/> Elevated Blood Pressure	796.2

Others:

☒ Thoracolumbar scoliosis

☒ cervical spondylosis

Treatment Plan and Recommendation:

☐ Bed Rest

☐ Avoid Physical Activity

☒ Physical Therapy

☒ The patient advised to attend a supervised physical therapy program on a regular scheduled basis 3-5 times a week

☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15 min.

RT	LT	Head & Neck Muscles
		Trapezius muscle

12222014

KSENIA PAVLOVA

4 OF 6

		Sternocleidomastoid muscle
		Masseter muscle
		Temporalis muscle
		Medial (Internal) Pterygoid muscle
		Lateral (External) Pterygoid muscle
		Digastric muscle
		Cutaneous II: Occipitofrontalis
		Splenius capitis & splenius cervicis muscles
		Posterior cervical muscle
		Semispinalis capitis, Semispinalis cervicis & multifidi
		Suboccipital muscles
		Recti capitis posterior major & minor, obliqui inferior & superior

RT	LT	Lumbar Paraspinal Muscles
		Erectors Spinalae
		Iliocostalis thoracis
		Iliocostalis Lumborum
		Semispinalis
		Multifidi muscles
		Rotatores muscles
		Gluteus muscle
		Quadratus Lumborum
		Longissimus

RT	LT	Elbow to Finger Muscles
		Hand extensor & brachioradialis muscles
		Finger extensor muscles
		Extensor digitorum & extensor indicis
		Supinator muscle
		Palmaris Longus muscle
		Hand & Finger flexors in the forearm
		Flexores carpi radialis & ulnaris, flexores digitorum
		Superficialis & profundus, flexor pollicis
		Longus (pronator Teres)
		Adductor & opponens pollicis muscles; trigger thumb
		Interosseous muscles of the hand

RT	LT	Upper Back, Shoulder & Arm Muscles
		Levator Scapulae muscle
		Scalene muscles
		Supraspinatus muscles
		Infraspinatus muscle
		Teres minor muscle
		Latissimus dorsi muscle
		Teres major muscle
		Subscapularis muscle
		Rhomboideus major & minor muscles
		Deltoid muscle
		Coracobrachialis muscle
		Biceps brachii muscle
		Brachialis muscle
		Triceps brachii muscle

RT	LT	Torso Muscles
		Pectoralis major muscle (subclavius muscles)
		Pectoralis minor muscle
		Sternalis muscle
		Serratus Posterior superior muscle
		Serratus Anterior muscle
		Serratus Posterior inferior muscle
		Thoracolumbar paraspinal muscles
		Abdominal muscles

12222014

Patient Name: _____ Date: _____

CODE	Descriptions	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or brunch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input type="checkbox"/> 20552	Injection one or two muscles		
<input type="checkbox"/> 20553	Injection three or more muscles		
CODE	Descriptions	RIGHT	LEFT
<input type="checkbox"/> 20999	Dry Needling		
<input type="checkbox"/>	Ultrasound		
<input type="checkbox"/>	Platelet Rich Plasma Injection		
<input type="checkbox"/> 20605	Intra Articular Injection shoulder		
<input type="checkbox"/> 20610	Intra Articular injection Knee		
<input type="checkbox"/> 64633	C - Spine Facet joint injection single		
<input type="checkbox"/> 64634	C Facet joint injection additional		
<input type="checkbox"/> 64633	T- Facet joint injection single		
<input type="checkbox"/> 64634	T Facet joint injection additional		
<input type="checkbox"/> 64635	L- Facet joint injection single		
<input type="checkbox"/> 64636	L Facet joint injection additional		
<input type="checkbox"/> 64635	S- Facet joint injection single		
<input type="checkbox"/> 64636	S Facet joint injection additional		
<input type="checkbox"/>			

Number of cartridge injected _____

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via a 3cc syringe with a 1-1/2 x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

- ☐ Patient tolerated the procedure well
- ☐ Patient developed a mild transient lightheadedness of a few minutes duration
- ☐ No complications, No complaints
- ☐ Other: _____


KSENIA PAVLOVA, D.O.

12222014

KSENIA PAVLOVA

6 OF 6

The p() Follow-Up in 2-3-4 weeks

Prognosis: ___ Excellent; ___ Good; ___ Fair; ___ Poor; ___ Guarded

atient was instructed on post injection care and reported some decreased muscle stiffness and some decreased pain following the procedure.

DISABILITY & PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on _____, and the disability resulting from it is/maybe/ of a temporary/permanent nature. The prognosis for a recovery is presently (cautiously optimistic/ guarded).

Physician's Signature: _____

Ksenia Pavlova

12222014

Patient Name: [REDACTED]

Date: 8/6/14

Jules F. Parisien, M.D

Follow-Up Evaluation

Gender: ☒ Male ☐ Female 4-25-14

Date of Accident: [REDACTED]

PRESENT COMPLAINTS:

The patient initially had complaints of headaches, dizziness, vertigo, chest pain, difficulty of breathing, pain in the neck, upper back, lower back, upper extremities; (R/L shoulder, R/L elbow, R/L wrist, hand, fingers), lower extremities; (R/L hip, R/L thigh, R/L knee, R/L ankle, R/L foot)

- Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring Vision / Balance Disturbance / Fever / Chills / Night Sweats / Weight Gains / Weight Loss / Others
- Chest Pain / Tenderness / Tingling
- Difficulty of breathing
- Neck pain with () upper extremity radiating pain and parasthesia
- Tingling sensation in the right/left both arms/forearms/fingers
- Upper back pain
- Low back pain with () lower extremity radiating pain and parenthesis
- Numbness / weakness / tingling to the right/left/both legs/ feet/toes
- Pain in the Scalp / Face / Chest / Abdomen / () Shoulder / () Elbow / () Wrist / () Hand / () Hip / () Knee / () Ankle / () Foot / Other _____

Pain Descriptive:

sharp; stabbing; shooting; burning; aching; tingling; numbness; pulsating; _____

constant; intermittent; occasional

How many hours per day patient has pain 8-10 hrs

How many days per week patient has pain 7d

what activities are most affected by pain sitting or standing for long periods
bending

Activity level is:

- ☐ unchanged
- ☐ diminished
- ☒ significantly restricted
- ☐ pain with manual labor
- ☐ unable to perform manual labor
- ☐ unable to perform daily household chores

Where is pain worst:

neck; back; R/L leg; R/L arm: L back 10/10
(other)

Pain scale (1-10): 0-No Pain; 1-3 Minimal; 4-6 Moderate; 7-9 Intense; 10 Emergency

Neck _____

Back 5-6/10

Arm _____

Leg _____

12222014

Patient Name: [REDACTED]

Date: 8/6/14

What makes pain worst:

standing; lack of sleep; reaching overhead; sitting; laying down; coughing; walking; lifting; sneezing; bending; weather; tension; driving; housework activity; arising from chairs; other

sitting + standing for long period

Sever Night time pain YES/NO

Waking up in the middle of the night because of pain YES/NO if yes how many times

- ☐ Review of MRI/X-Rays: Cervical Spine Herniation C4 - C7
T5 spine & type 5 scoliosis
- ☐ Review of Tests:

Review of System:

☐ HEENT:

☐ SKIN:

☐ Respiratory:

☐ Cardiovascular:

☐ Reproductive:

Other:

☐ Neurologic:

☐ Musculoskeletal: pain stiffness

☐ GI:

☐ GU:

☐ Other:

Physical Examination

Vital Signs: BP: 140/80 WT: 140 HT: 5'8" T°: RR: 16 Pulse: 66

HEENT:

☐ The head is normocephalic. ☐ There is full range of extra ocular muscle and a normal light reflex. ☐ No nystagmus is noted. ☐ External canals and tympanic membranes are normal. ☐ Hearing is normal. ☐ The tongue protrudes in the midline. ☐ He/She complained of headaches.

Skin:

☐ The skin is intact. ☐ No ecchymosis laceration or abrasions are noted.

Chest and Lungs Examination:

☐ The chest was symmetrical on excursion. ☐ No wheezing, rales, or ronchi was heard on palpation.

Cardiovascular Examination:

☐ The heart size seemed to be normal. ☐ The PMI was normal. ☐ No murmur, gallop, thrill, or rub was noted. ☐ The rhythm was regular. ☐ Checked pulses were synchronous and equal bilaterally.

Abdomen:

☐ The abdomen was flat. ☐ No scar was noted. ☐ Palpation was normal, non tender in all quadrants. ☐ No organomegaly was noted.

12222014

Patient Name: [REDACTED]

Date: 8/6/14

Examination of the Cervical Spine: ☐ Normal

Examination of the cervical spine showed loss of the normal lordosis. Tenderness, spasm and stiffness were noted on palpation of the posterior occipital, paraspinal and trapezius muscle. Range of motion was: limited/ restricted and/or painful.

Cervical ROM	Normal	Patient	Quantity
Flexion	50°	30	Severe/Moderate
Extension	60°	40	Severe/Moderate
Right Lateral Flexion	45°	20	Severe/Moderate
Left Lateral Flexion	45°	30	Severe/Moderate
Right Rotation	80°	60	Severe/Moderate
Left Rotation	80°	60	Severe/Moderate

☐ Tender points were also elicited at: C3, C4, C5, C6, C7 levels. ☐ The soto hall (force flexion of the head and neck upon the sternum) elicited pain. ☐ Cervical distraction test was positive indicating the presence of a spinal nerve root compression. ☐ Manual testing of muscle strength was positive. ☐ Pinprick and touch was abnormally decreased over the right/left arm. ☐ The patient had difficulties looking up to the ceiling because of spasm and stiffness of the cervical musculature.

Examination of the Thoracic Spine: ☐ Normal

Examination of the thoracic spine: ☐ there was pain/no pain on deep inspiration. Tenderness/No Tenderness on palpation over the paraspinals and/or the angle of the ribs were noted. Range of Motion was: limited/ not limited.

Examination of the Lumbar Spine: ☐ Normal

☐ Muscle spasm was noted on palpation. ☐ Visualized muscle spasm and diffuse tenderness are noted over the paraspinal erector spinaea/ iliocostalis lumborum, the multifundi, the gluteus muscles and the lattisumus dorsi, radiating to: the sciatic notches/ the right/left hip/ the lower extremities; limiting the back range of motion more than ____ % of normal.

Spinal ROM	Normal	Patient	Quantity
Pelvic Sacral Angle	45°	45	Severe/Moderate
Flexion	90°	60	Severe/Moderate
Extension	30°	20	Severe/Moderate
Right Lateral Flexion	35°	25	Severe/Moderate
Left Lateral Flexion	35°	25	Severe/Moderate
Left Rotation	80°	60	Severe/Moderate

☐ Tender points were ilicited at L2, L3, L4, L5-S1 levels. Straight leg raising test was positive on the right/left/bilaterally.

12222014

Patient Name: [REDACTED]

Date: 8/6/14

- ☐ The Braggard's test was positive indicating the presence of disc protrusion in the lumbar spine with nerve root irritation.
- ☐ The Kemp's test (rotation and oblique backward bending of the standing patient) was positive indicating the presence of a disc protrusion, nerve root impingement, sprain, or disc herniation.
- ☐ The lasseque straight leg raising test was positive indication a disc lesion, nerve root impingement or disc herniation of the lumbar spine.
- ☐ The bilateral leg raise test was positive confirming a severe sprain or a disc, pathology in the lumbar spine.
- ☐ The Ely's heel to buttock test was positive corroborating a lesion of the lumbar nerve roots.
- ☐ The Naclis heel to contralateral buttock test was positive indicating a lesion of the lumbar nerve root.
- ☐ The heel walk test was weak when the patient walks several steps on the heel indicating a lesion of the fibers on the L5 nerve root.
- ☐ The toe walk test was weak on the right side indicating a lesion at L5-S1 root level.

Examination of the Elbow/Wrist/Hand: ☐ Normal

Examination of the Shoulder(s): ☐ Normal

The left/right shoulder was painful, spastic, and restricted on palpation and mobilization of the deltoid muscles and the AC joints. Crepitation was felt on palpation and mobilization of the acromioacetabular joints. Trigger points were elicited on palpation of the supraspinatus, infraspinatus **deltoid, biceps brachii** muscles cause severe limitation and pain on motion.

Diagnostic Impression:

<input type="checkbox"/> Headaches	784.0	<input checked="" type="checkbox"/> Post Traumatic Cervico- Thoracic Myofascitis	723.4
<input type="checkbox"/> Chest Pain	786.50	<input checked="" type="checkbox"/> Acute Traumatic Cervical Radiculitis	724.4
<input type="checkbox"/> Post Concussion Syndrome	850.9	<input checked="" type="checkbox"/> Thoracic Sprain/Strain	847.1
<input type="checkbox"/> Back Pain Unspecified	724.5	<input checked="" type="checkbox"/> Acute Traumatic Lumbrosacral Radiculitis	724.4
<input type="checkbox"/> Back Sprain/Strain	847.9	<input checked="" type="checkbox"/> R/O Lumbar Disc Hemiation	722.73
<input type="checkbox"/> Cervical Derangement	724.9	<input type="checkbox"/> Lumbar Derangement	724.9
<input type="checkbox"/> Cervical Sprain/Strain	847.0	<input type="checkbox"/> Post-Traumatic Lumbar Myofascitis	724.2
<input type="checkbox"/> Cervicalgia	732.1	<input type="checkbox"/> Lumbar Sprain/Strain	847.2
<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	729.1	<input type="checkbox"/> Sacral Sprain/Strain	847.3
<input type="checkbox"/> R/O Cervical Disc Hemiation	722.71	<input type="checkbox"/> Contusion Thigh/Hip	924.0
<input type="checkbox"/> Hip Derangement	718.95	<input type="checkbox"/> Shoulder Sprain/Strain	840.8
<input type="checkbox"/> Hip Pain Unspecified	719.45	<input type="checkbox"/> Ankle/Foot Derangement	718.95
<input type="checkbox"/> Wrist Derangement	718.93	<input type="checkbox"/> Foot Pain Unspecified	719.47
<input type="checkbox"/> Elbow Derangement	718.92	<input type="checkbox"/> Knee Derangement	717.9

Thoracic spine sprain strain

12222014

Patient Name: [REDACTED]

Date: 8/6/14

<input type="checkbox"/> Elbow Pain Unspecified	719.42	<input type="checkbox"/> Knee Pain Unspecified	717.46
<input type="checkbox"/> Hand Derangement	718.92	<input type="checkbox"/> Knee Sprain/Strain	844.9
<input type="checkbox"/> Hand Pain Unspecified	729.5	<input type="checkbox"/> Anxiety, Tension and Street Reactive to pain	308.0
<input type="checkbox"/> Shoulder Derangement	718.91	<input type="checkbox"/> Elevated Blood Pressure	796.2

Others:

Treatment Plan and Recommendation:

- ☒ Bed Rest
- ☒ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular scheduled basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15 min.
- ☐ Computerized ROM and MMT examination

The patient advised to use at home:

- | | |
|--|--|
| <input type="checkbox"/> Cervical collar 2 pc. | <input type="checkbox"/> EMS unit +kit |
| <input type="checkbox"/> Cervical Traction Kit | <input type="checkbox"/> EMS Placement Belt |
| <input type="checkbox"/> Orthopedic Pillow | <input type="checkbox"/> Electric Massager |
| <input type="checkbox"/> Thermophore | <input type="checkbox"/> Orthopedic Elbow support L R |
| <input type="checkbox"/> Lumbosacral Orthosi | <input type="checkbox"/> Orthopedic Knee Support L R |
| <input type="checkbox"/> Lumbar cushion | <input type="checkbox"/> Orthopedic Ankle Support L R |
| <input type="checkbox"/> Orthopedic Car Seat | <input type="checkbox"/> Orthopedic Wrist Support L R |
| <input type="checkbox"/> Orthopedic Bed Board | <input type="checkbox"/> Orthopedic Shoulder Support L R |
| <input type="checkbox"/> Eggcrate Mattress | <input type="checkbox"/> Infrared Heat Lamp |
| <input type="checkbox"/> Hot/Cold Pack | <input type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Water Circulating Cold/Heat Pad with Pump | <input type="checkbox"/> Cane |
- provided*

The patient is referred to:

X-Rays of the:

Indications:

- ☐ Cervical Spine
- ☐ Lumbar Spine
- ☐ Thoracic Spine
- ☐ Knee R L
- ☐ Shoulder R L
- ☐ Wrist R L
- ☐ Ankle R L

MRI's:

Indications:

- ☐ Brain
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Knee R L
- ☐ Shoulder R L
- ☐ Wrist R L
- ☐ Ankle R L

12222014

Patient Name: _____ Date: _____

Other: _____

The patient is prescribed medication: _____

Consults; _____

() EKG

Indications: _____

() Neurology

Indications: _____

() Follow-Up in 3-4 weeks

Prognosis: ___ Excellent; ___ Good; ___ Fair; ___ Poor; ___ Guarded

Disability:

___ Patient is partially disabled

___ Mild 25-49% ___ Moderate 50-74% ___ Marked 75-99%

___ Patient is totally disabled

Casualty:

According to my best judgment, if history given by the patient accurate, the above mentioned accident seems to be causative factor of patient's symptomology.

Treatment:

Patient rate average pain on a comfort level at:

base on a scale of 0 to 10. No comfort (zero) to well (ten).

The following treatment modalities are being applied individually of in combination to decreased pain and improve function and quality of life:


JULES F. PARISIEN MD

12222014

Patient Name: _____

Date: 5-13-15

Jules F. Parisien, M.D

Follow-Up Evaluation

Gender: ☒ Male ☐ Female

Date of Accident: 2-17-15

PRESENT COMPLAINTS:

The patient initially had complaints of headaches, dizziness, vertigo, chest pain, difficulty of breathing, pain in the neck, upper back, lower back, upper extremities; (R/L shoulder, R/L elbow, R/L wrist, hand, fingers), lower extremities; (R/L hip, R/L thigh, R/L knee, R/L ankle, R/L foot)

- Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring Vision / Balance Disturbance / Fever / Chills / Night Sweats / Weight Gains / Weight Loss / Others _____
- Chest Pain / Tenderness / Tingling
- Difficulty of breathing
- Neck pain with () upper extremity radiating pain and parasthesia
- Tingling sensation in the right/left both arms/forearms/fingers
- Upper back pain
- Low back pain with () lower extremity radiating pain and parenthesis
- Numbness / weakness / tingling to the right/left/both legs/ feet/toes
- Pain in the Scalp / Face / Chest / Abdomen / () Shoulder / () Elbow / () Wrist / () Hand / () Hip / () Knee / () Ankle / () Foot / Other _____

Pain Descriptive:

_sharp; _stabbing; _shooting; _burning; _aching; _tingling; _numbness; _pulsating; _____

_constant; _intermittent; _occasional

How many hours per day patient has pain 8 hrs

How many days per week patient has pain daily

What activities are most affected by pain driving

Activity level is:

- _unchanged
- _diminished ☒
- _significantly restricted
- _pain with manual labor
- _unable to perform manual labor
- _unable to perform daily household chores

Where is pain worst:

_neck; _back; _R/L leg; _R/L arm: Rt shoulder 7/10
(other)

Pain scale (1-10): 0-No Pain; 1-3 Minimal; 4-6 Moderate; 7-9 Intense; 10 Emergency

Neck 5/10

Back _____

Arm 6/10

Leg _____

Patient Name: _____

Date: 5/13/19

What makes pain worst:

standing; lack of sleep; reaching overhead; sitting; laying down; coughing; walking; lifting; sneezing;
bending; weather; tension; driving; housework activity; arising from chairs; other

Sever Night time pain **YES/NO**

Waking up in the middle of the night because of pain **YES/NO** if yes how many times _____

☐ Review of MRI/X-Rays: Herniated C5 - C6 -> C7 - S1
Herniated L4 - L5 Bulging L5 - S1

☐ Review of Tests: RT Shoulder supra spinatus interstitial tear

Review of System:

☐ HEENT: (circled)

☐ SKIN: (circled)

☐ Respiratory: (circled)

☐ Cardiovascular: (circled)

☐ Reproductive: (circled)

Other: _____

☐ Neurologic: numbness

☐ Musculoskeletal: pain stiffness

☐ GI: _____

☐ GU: _____

☐ Other: _____

Physical Examination

Vital Signs: BP: _____ WT: 185 HT: 5'8" T°: _____ RR: 16 Pulse: 68

HEENT:

☐ The head is normocephalic. ☐ There is full range of extra ocular muscle and a normal light reflex. ☐ No nystagmus is noted. ☐ External canals and tympanic membranes are normal. ☐ Hearing is normal. ☐ The tongue protrudes in the midline. ☐ He/She complained of headaches.

Skin:

☐ The skin is intact. ☐ No ecchymosis laceration or abrasions are noted.

Chest and Lungs Examination:

☐ The chest was symmetrical on excursion. ☐ No wheezing, rales, or ronchi was heard on palpation.

Cardiovascular Examination:

☐ The heart size seemed to be normal. ☐ The PMI was normal. ☐ No murmur, gallop, thrill, or rub was noted. ☐ The rhythm was regular. ☐ Checked pulses were synchronous and equal bilaterally.

Abdomen:

☐ The abdomen was flat. ☐ No scar was noted. ☐ Palpation was normal, non tender in all quadrants. ☐ No organomegaly was noted.

05232015

Patient Name: [REDACTED] Date: 5-13-15

Examination of the Cervical Spine: ☐ Normal

Examination of the cervical spine showed loss of the normal lordosis. Tenderness, spasm and stiffness were noted on palpation of the posterior occipital, paraspinal and trapezius muscle. Range of motion was: limited/ restricted and/or painful.

Cervical ROM	Normal	Patient	Quantity
Flexion	50°	30	Severe/Moderate
Extension	60°	40	Severe/Moderate
Right Lateral Flexion	45°	25	Severe/Moderate
Left Lateral Flexion	45°	35	Severe/Moderate
Right Rotation	80°	60	Severe/Moderate
Left Rotation	80°	60	Severe/Moderate

☐ Tender points were also elicited at: C3, C4, C5, C6, C7 levels. ☐ The soto hall (force flexion of the head and neck upon the sternum) elicited pain. ☐ Cervical distraction test was positive indicating the presence of a spinal nerve root compression. ☐ Manual testing of muscle strength was positive. ☐ Pinprick and touch was abnormally decreased over the right/left arm. ☐ The patient had difficulties looking up to the ceiling because of spasm and stiffness of the cervical musculature.

Examination of the Thoracic Spine: ☐ Normal

Examination of the thoracic spine; ☐ there was pain/no pain on deep inspiration. Tenderness/No Tenderness on palpation over the paraspinals and/or the angle of the ribs were noted. Range of Motion was: limited/ not limited.

Examination of the Lumbar Spine: ☐ Normal

☐ Muscle spasm was noted on palpation. ☐ Visualized muscle spasm and diffuse tenderness are noted over the paraspinal erector spinales/ iliocostalis lumborum, the multifundi, the gluteus muscles and the lattissimus dorsi, radiating to: the sciatic notches/ the right/left hip/ the lower extremities; limiting the back range of motion more than ____% of normal.

Spinal ROM	Normal	Patient	Quantity
Pelvic Sacral Angle	45°	45	Severe/Moderate
Flexion	90°	70	Severe/Moderate
Extension	30°	20	Severe/Moderate
Right Lateral Flexion	35°	25	Severe/Moderate
Left Lateral Flexion	35°	21	Severe/Moderate
Left Rotation	80°	60	Severe/Moderate

☐ Tender points were elicited at L2, L3, L4, L5-S1 levels. Straight leg raising test was positive on the right/left/bilaterally.

05252015

Patient Name: [REDACTED]

Date: 5/73/15

- ☐ The Braggard's test was positive indicating the presence of disc protrusion in the lumbar spine with nerve root irritation.
- ☒ The Kemp's test (rotation and oblique backward bending of the standing patient) was positive indicating the presence of a disc protrusion, nerve root impingement, sprain, or disc herniation.
- ☐ The lasseque straight leg raising test was positive indication a disc lesion, nerve root impingement or disc herniation of the lumbar spine.
- ☐ The bilateral leg raise test was positive confirming a severe sprain or a disc pathology in the lumbar spine.
- ☐ The Ely's heel to buttock test was positive corroborating a lesion of the lumbar nerve roots.
- ☐ The Naclis heel to contralateral buttock test was positive indicating a lesion of the lumbar nerve root.
- ☐ The heel walk test was weak when the patient walks several steps on the heel indicating a lesion of the fibers on the L5 nerve root.
- ☐ The toe walk test was weak on the right side indicating a lesion at L5-S1 root level.

Examination of the Elbow/Wrist/Hand: ☐ Normal

Examination of the Shoulder(s): ☒ Normal

The left/right shoulder was painful, spastic, and restricted on palpation and mobilization of the deltoid muscles and the AC joints. Crepitation was felt on palpation and mobilization of the acromioacetabular joints. Trigger points were elicited on palpation of the supraspinatus, infraspinatus deltoid, biceps brachii muscles cause severe limitation and pain on motion.

Diagnostic Impression:

<input checked="" type="checkbox"/> Headaches	784.0	<input checked="" type="checkbox"/> Post-Traumatic Cervico- Thoracic Myofascitis	723.4
<input type="checkbox"/> Chest Pain	786.50	<input checked="" type="checkbox"/> Acute Traumatic Cervical Radiculitis	724.4
<input checked="" type="checkbox"/> Post Concussion Syndrome	850.9	<input type="checkbox"/> Thoracic Sprain/Strain	847.1
<input type="checkbox"/> Back Pain Unspecified	724.5	<input checked="" type="checkbox"/> Acute Traumatic Lumbrosacral Radiculitis	724.4
<input type="checkbox"/> Back Sprain/Strain	847.9	<input type="checkbox"/> R/O Lumbar Disc Hemiation	722.73
<input type="checkbox"/> Cervical Derangement	724.9	<input type="checkbox"/> Lumbar Derangement	724.9
<input type="checkbox"/> Cervical Sprain/Strain	847.0	<input type="checkbox"/> Post-Traumatic Lumbar Myofascitis	724.2
<input type="checkbox"/> Cervicalgia	732.1	<input type="checkbox"/> Lumbar Sprain/Strain	847.2
<input checked="" type="checkbox"/> Acute Traumatic Cervical Radiculitis	729.1	<input type="checkbox"/> Sacral Sprain/Strain	847.3
<input type="checkbox"/> R/O Cervical Disc Hemiation	722.71	<input type="checkbox"/> Contusion Thigh/Hip	924.0
<input type="checkbox"/> Hip Derangement	718.95	<input type="checkbox"/> Shoulder Sprain/Strain	840.8
<input type="checkbox"/> Hip Pain Unspecified	719.45	<input type="checkbox"/> Ankle/Foot Derangement	718.95
<input type="checkbox"/> Wrist Derangement	718.93	<input type="checkbox"/> Foot Pain Unspecified	719.47
<input type="checkbox"/> Elbow Derangement	718.92	<input type="checkbox"/> Knee Derangement	718.92

052729015

Patient Name: _____

Date: 5/13/15

☐ Elbow Pain Unspecified 719.42
☐ Hand Derangement 718.92
☐ Hand Pain Unspecified 729.5
☐ Shoulder Derangement 718.91

☐ Knee Pain Unspecified 717.46
☐ Knee Sprain/Strain 844.9
☐ Anxiety, Tension and Stress Reactive to pain 308.0
☐ Elevated Blood Pressure 796.2

Others: _____

Treatment Plan and Recommendation:

☐ Bed Rest

☒ Avoid Physical Activity

☒ Physical Therapy

☐ The patient advised to attend a supervised physical therapy program on a regular schedule basis 3-5 times a week

☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15mins

☐ Computerized ROM and MMT examination

The patient advised to use at home:

☐ () Cervical Collar 2 pc.

☐ () Cervical Traction Kit

☐ () Orthopedic Pillow

☐ () Thermophore

☐ () Lumbosacral Orthosi

☐ () Lumbar Cushion

☐ () Orthopedic Car Seat

☐ () Orthopedic Bed Board

☐ () Eggcrate Mattress

☐ () Hot/Cold Pack

☐ () Water Circulating Cold/Heat Pad with Pump

☐ () EMS unit+kit

☐ () EMS Placement Belt

☐ () Electric Massager

☐ () Orthopedic Elbow Support L R

☐ () Orthopedic Knee Support L R

☐ () Orthopedic Ankle Support L R

☐ () Orthopedic Wrist Support L R

☐ () Orthopedic Shoulder Support L R

☐ () Infrared Heat Lamp

☐ () Pelvic Traction

☐ () Cane

The patient is referred to:

X-Rays of the:

Indications: _____

☐ Cervical Spine

☐ Lumbar Spine

☐ Thoracic Spine

☐ Knee R L

☐ Shoulder R L

☐ Wrist R L

☐ Ankle R L

MRI'S

Indications: _____

☐ Brain

☐ Cervical Spine

☐ Thoracic Spine

☐ Lumbar Spine

☐ Knee R L

☐ Shoulder R L

☐ Wrist R L

☐ Ankle R L

05232015

Patient Name: _____

Date: 5/13/15

Other: _____

The patient is prescribed medication: _____

Consults:

() EKG

Indications: _____

(X) Neurology

Indications

orthopedist

() Follow-up in 3-4 weeks

Prognosis: _____ Excellent: _____ Good: _____ Fair: _____ Poor _____ Guarded

Disability:

____ Patient is partially disabled

____ Mild 25-49% _____ Moderate 50-74% _____ Marked 75-99%

____ Patient is totally disabled

Casualty:

According to my best judgment, if history given by the patient is accurate, the above mentioned accident seems to be causative factor of patient's symptomology.

Treatment:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten). The following treatment modalities are being applied individually or in combination to decreased pain and improve function and quality of life.

[Signature]

[Signature]

JULES F. PARISIEN M.D.

05232015

Exhibit 22

DAILY CHIROPRACTIC SOAP NOTES

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

PATIENT: [REDACTED]

DOA: 12/2/13

DATE OF SERVICE: 1/21/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: _____ Numbness in: _____
Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)
Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other: _____
Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____
Continue as planned Modify to _____ x's week/ _____ weeks Other: _____
Refer for evaluation with: MD Neuro Ortho Other: _____
After treatment, patient felt: Better Worse Unchanged

Patient's Signature: [REDACTED]

Dr.'s Initials: [Signature]

DATE OF SERVICE: 1/22/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: _____ Numbness in: _____
Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)
Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other: _____
Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____
Continue as planned Modify to _____ x's week/ _____ weeks Other: _____
Refer for evaluation with: MD Neuro Ortho Other: _____
After treatment, patient felt: Better Worse Unchanged

Patient's Signature: [REDACTED]

Dr.'s Initials: [Signature]

Key: NP=neck pain, MBP=mid back pain, LBP=low back pain, Shldr P=shoulder pain, Arm P=arm pain, Hip P=hip pain, Foot P=foot pain, Hand P=hand pain, L=Left, R=right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapula, L-Dorsi=lattissimus dorsi, I-Psoas=iliopsoas, Q-Lum=quadratus lumborum, R=right sacroiliac joint, L=left sacroiliac joint, Trap=trapezius, Restr=restricted, Tx=therapy, Neuro=Neurologist, Ortho=Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, ab=abdominal, ROM=range of motion, EMS=electric muscle stimulation

03042014

DAILY CHIROPRACTIC SOAP NOTES

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

PATIENT: [REDACTED] DOA: 1/16/14

DATE OF SERVICE: 1/27/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: _____ Numbness in: _____
Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)
Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other: _____
Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es):

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____
Continue as planned Modify to _____ x's week/ _____ weeks Other: _____
Refer for evaluation with: MD Neuro Ortho Other: _____
After treatment, patient felt: Better Worse Unchanged

Patient's Signature: [REDACTED] Dr.'s Initials: [Signature]

DATE OF SERVICE: 1/28/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: _____ Numbness in: _____
Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)
Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other: _____
Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es):

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____
Continue as planned Modify to _____ x's week/ _____ weeks Other: _____
Refer for evaluation with: MD Neuro Ortho Other: _____
After treatment, patient felt: Better Worse Unchanged

Patient's Signature: [REDACTED] Dr.'s Initials: [Signature]

Key: NP=neck pain, MBP=mild back pain, LBP=low back pain, ShldrP= shoulder pain, ArmP=arm pain, HipP=hip pain, FootP=foot pain, HandP=hand pain, L=Left, R=right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapulae, L-Dorsi=lumbar dorsal, I-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSE=right sacroiliac joint, LSE=left sacroiliac joint, Trap=trapezius, Rest=restricted, Tx=therapy, Neuro=Neurologist, Ortho=Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ex=extension, ab=abdominal, ROM=range of motion, EMS=electric muscle stimulation

03042014

DAILY CHIROPRACTIC SOAP NOTES

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

PATIENT: _____

DOA: 1/22/14

DATE OF SERVICE: 2/19/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Radiating to: _____

Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R

Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other: _____

Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)

Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

Patient's Signature: _____

Dr.'s Initials: AM

DATE OF SERVICE: _____

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Radiating to: _____

Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R

Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other: _____

Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)

Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

Patient's Signature: _____

Dr.'s Initials: _____

Key: NP=neck pain, MBP=mid back pain, LBP=low back pain, ShldrP=shoulder pain, ArmP=arm pain, HipP=hip pain, FootP=foot pain, HandP=hand pain, L=Left, R=Right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapula, L-Dorsi=latissimus dorsi, I-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSI=right sacroiliac joint, LSI=left sacroiliac joint, Trap=trapezius, Restr=restricted, Tx=therapy, Neuro=Neurologist, Ortho=Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, ab=abdominal, ROM=range of motion, EMS=electric muscle stimulation

03052014

DAILY CHIROPRACTIC SOAP NOTES

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

PATIENT: [REDACTED]

DOA: 1/23/14

DATE OF SERVICE: 2/12/14

Patient states they are experiencing:

(NP) (MBP) (LBP) HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: _____ Numbness in: _____
Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)
Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: (CSP) TSP (LSP) Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital (Cervical) Thoracic (Lumbar) Sacral Other: _____
Decreased / Increased / No Change ROM: (CSP) TSP (LSP) Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) (3-4 Regions (98941)) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____
Continue as planned Modify to _____ x's week/ _____ weeks Other: _____
Refer for evaluation with: MD Neuro Ortho Other: _____
After treatment, patient felt: (Better) Worse Unchanged

Patient's Signature: [REDACTED]

Dr.'s Initials: QZM

DATE OF SERVICE: 2/17/14

Patient states they are experiencing:

(NP) (MBP) (LBP) HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: _____ Numbness in: _____
Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)
Improving (No Change) Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: (CSP) TSP (LSP) Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital (Cervical) Thoracic (Lumbar) Sacral Other: _____
Decreased / Increased / No Change ROM: (CSP) TSP (LSP) Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving (No Change) Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) (3-4 Regions (98941)) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____
Continue as planned Modify to _____ x's week/ _____ weeks Other: _____
Refer for evaluation with: MD Neuro Ortho Other: _____
After treatment, patient felt: (Better) Worse Unchanged

Patient's Signature: [REDACTED]

Dr.'s Initials: QZM

Key: NP=neck pain, MBP=mid back pain, LBP=low back pain, ShldrP=shoulder pain, ArmP=arm pain, HipP=hip pain, FootP=foot pain, HandP=hand pain, L=Left, R=right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapulae, L-Dorsi=latisimus dorsi, I-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSP=right sacroiliac joint, LSP=left sacroiliac joint, Trap=trapezius, Restr=restricted, Tx=therapy, Neuro=Neurologist, Ortho=Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, abd=abdominal, ROM=range of motion, EMS=electric muscle stimulation

03052014

DAILY CHIROPRACTIC SOAP NOTES

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

PATIENT: _____

DOA: 1/23/14

DATE OF SERVICE: 2/5/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R

Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other: _____

Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)

Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

Patient's Signature: _____

Dr.'s Initials: AM

DATE OF SERVICE: 2/10/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R

Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other: _____

Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)

Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

Patient's Signature: _____

Dr.'s Initials: AM

Key: NP=neck pain, MBP=mid back pain, LBP=low back pain, ShldrP= shoulder pain, ArmP=arm pain, HipP=hip pain, FootP=foot pain, HandP=hand pain, L=Left, R=right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapula, L-Dorsi=latissimus dorsi, I-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSI=right sacroiliac joint, LSI=left sacroiliac joint, Trap=trapezius, Restr=restricted, Tx=therapy, Neuro=Neurologist, Ortho=Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, abd=abdominal, ROM=range of motion, EMS=electric muscle stimulation

03052014

DAILY CHIROPRACTIC SOAP NOTES

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

PATIENT: [REDACTED]

DOA: 1/23/14

DATE OF SERVICE: 1/23/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: Numbness in:
Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)
Improving No Change Worsening Other notes:

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other:
Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other:

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.
Changed Diagnosis(es):

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139):
Continue as planned Modify to x's week/ weeks Other:
Refer for evaluation with: MD Neuro Ortho Other:
After treatment, patient felt: Better Worse Unchanged

Patient's Signature: [REDACTED]

Dr.'s Initials: [Signature]

DATE OF SERVICE: 2/4/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: Numbness in:
Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)
Improving No Change Worsening Other notes: Dull pain on left

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other:
Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other:

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.
Changed Diagnosis(es):

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139):
Continue as planned Modify to x's week/ weeks Other:
Refer for evaluation with: MD Neuro Ortho Other:
After treatment, patient felt: Better Worse Unchanged

Patient's Signature: [REDACTED]

Dr.'s Initials: [Signature]

Key: NP=neck pain, MBP=mid back pain, LBP=low back pain, Shldr=shoulder pain, Arm=arm pain, Hip=hip pain, Foot=foot pain, Hand=hand pain, L=Left, R=Right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapulae, L-Dorsi=latusmus dorsi, I-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSI=right sacroiliac joint, LSI=left sacroiliac joint, Trap=trapezius, Rest=restricted, Tx=therapy, Neuro=Neurologist, Ortho=Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, abd=abdominal, ROM=range of motion, EMS=electric muscle stimulation

03052014

DAILY CHIROPRACTIC SOAP NOTES

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

PATIENT: [REDACTED]

DOA: 1/23/14

DATE OF SERVICE: 1/27/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: Numbness in:
Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)
Improving No Change Worsening Other notes:

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other:
Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other:

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es):

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139):
Continue as planned Modify to x's week/ weeks Other:
Refer for evaluation with: MD Neuro Ortho Other:
After treatment, patient felt: Better Worse Unchanged

Patient's Signature: [REDACTED]

Dr.'s Initials: [Signature]

DATE OF SERVICE: 1/28/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: Numbness in:
Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)
Improving No Change Worsening Other notes:

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other:
Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other:

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es):

Plan:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139):
Continue as planned Modify to x's week/ weeks Other:
Refer for evaluation with: MD Neuro Ortho Other:
After treatment, patient felt: Better Worse Unchanged

Patient's Signature: [REDACTED]

Dr.'s Initials: [Signature]

Key: NP=neck pain, MBP=mid back pain, LBP=low back pain, Shldr P=shoulder pain, Arm P=arm pain, Hip P=hip pain, Foot P=foot pain, Hand P=hand pain, L=Left, R=Right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapula, L-Dorsi=lattissimus dorsi, I-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSI=right sacroiliac joint, LSI=left sacroiliac joint, Trap=trapezius, Restr=restricted, Tx=therapy, Neuro=Neurologist, Ortho=Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, ab=abdominal, ROM=range of motion, EMS=electric muscle stimulation

03052014

Exhibit 23

CHIROPRACTIC RE-EXAMINATION

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

PATIENT: [REDACTED]

DOA: 6/2/14

DATE: 8/7/14

SUBJECTIVE COMPLAINTS

Neck: pain/stiffness: _____

Upper Back: pain/stiffness: _____

Pain: L/R Shoulder, L/R Arm, L/R Elbow, L/R Hand; _____

Numbness: L/R Shoulder, L/R Arm, L/R Hand; _____

Mid-Low Back: pain/stiffness: _____

Pain: L/R Hip, L/R Buttock, L/R Leg, L/R Knee, L/R Foot

Numbness: L/R Hip, L/R Buttock, L/R Leg, L/R Foot

Other: _____

OBJECTIVE FINDINGS

Cervical ROM

		Results (% of Loss)				
Flexion	WNL	1-25	26-50	51-75	76-100	
Extension	WNL	1-25	26-50	51-75	76-100	
Left Rotation	WNL	1-25	26-50	51-75	76-100	
Right Rotation	WNL	1-25	26-50	51-75	76-100	
Left Lat. Flexion	WNL	1-25	26-50	51-75	76-100	
Right Lat. Flexion	WNL	1-25	26-50	51-75	76-100	

R / L Cervical Foraminal Compression: _____

R / L Jackson's Compression: _____

R / L Cervical Distraction: _____

R / L Shoulder Depression: _____

Soto-Hall: _____

Lumbar ROM

		Results (% of Loss)				
Flexion	WNL	1-25	26-50	51-75	76-100	
Extension	WNL	1-25	26-50	51-75	76-100	
Left Rotation	WNL	1-25	26-50	51-75	76-100	
Right Rotation	WNL	1-25	26-50	51-75	76-100	
Left Lat. Flexion	WNL	1-25	26-50	51-75	76-100	
Right Lat. Flexion	WNL	1-25	26-50	51-75	76-100	

R / L Straight Leg Raise _____ deg.

R / L Kemp's: CBP

R / L Ely's: _____

R / L Yeoman's: _____

R / L Nachlas: _____

INTERSEGMENTAL SPINAL DYSFUNCTION AT: CERVICAL THORACIC LUMBAR RSI LSI

SPASM: Cervical Thoracic Lumbar Other: _____

TREATMENT: TPT MMS CMT Other: _____

AREA: Cervical Thoracic Lumbar LSI RSI Other: _____

DIFFICULTY: Lifting Bending Twisting Sleeping Sitting Standing Hygiene

Dressing Reading Concentrating Leisure Activity Other: _____

WORKING: Yes No

RETURN TO WORK DATE: _____

RECOMMENDATION(s): CMT (above regions) 2-3x/wk 1-2x/wk 1x/wk other: _____ Stretch Exercise

MRI: _____ X-Ray: _____ M/D Neuro Ortho Other: _____

ADDITIONAL COMMENTS: _____

DX: _____

PROGNOSIS: Good Poor Guarded

NEXT RE-EVALUATION: 6-8 w/c

Dr.'s Signature: [Signature]

Date: 8/7/14

Patient's Signature: [REDACTED]

Date: _____

CHIROPRACTIC RE-EVALUATION: 1786 FLATBUSH AVE- BROOKLYN, NY 11210

PH: (929)333-9955

PATIENT'S NAME: [REDACTED]

DATE: 10/9/14

DATE OF INJURY: 8/24/11

My pain level today is (0 is no pain, 1 is the least pain and 10 is the most pain): Circle one:

0 1 2 3 4 5 6 7 8 9 10



PATIENT
INITIALS

Overall chiropractic treatment has: HELPED ALOT / HELPED SOMEWHAT / HELPED A LITTLE / NOT HELPED

SUBJECTIVE COMPLAINTS:

NECK PAIN R / L

UPPER / MIDDLE BACK PAIN R / L

LOWER BACK PAIN R / L *pnf*

HEADACHES

L / R SHOULDER PAIN

L / R HIP PAIN

NUMBNESS / TINGLING:

OTHER:

ORTHOPEDIC TESTS

+/- SOTO HALL

+/- CERVICAL COMPRESSION R / L

+/- JACKSON'S COMPRESSION R / L

+/- SHOULDER DEPRESSOR R / L

+/- KEMP'S R / L

+/- STRAIGHT LEG RAISE @ _____ DEG. R / L

+/- ELY'S L / R

CERVICAL ROM: PERCENTAGE LOSS

FLEXION: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

EXTENS: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

L ROT: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

R ROT: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

L L. FLEX: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

R L. FLEX: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

LUMBAR ROM: PERCENTAGE LOSS

FLEXION: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

EXTENS: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

L ROT: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

R ROT: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

L L. FLEX: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

R L. FLEX: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

HYPERTONIC MUSCLES:

CERVICAL PARASPINALS

R / L TRAPEZIUS

THORACIC PARASPINALS

R / L RHOMBOID

LUMBAR PARASPINALS

R / L LAT. DORSI

R / L QUADRATUS LUMBORUM

R / L GLUTEAL

OTHER:

RESTRICTED JOINT MOTION:

CERVICAL

THORACIC

LUMBAR

SACRAL

R / L SACRO- ILIAC

OTHER:

ASSESSMENT: IMPROVED NO CHANGE WORSENING

PLAN:

CMT TRIGGER POINTS TRACTION NEURO-MUSC RE-EDU.

CERVICAL THORACIC LUMBAR OTHER: *SI*

1-2X/WK 2-3X/ WK AS NEEDED DISCHARGE OTHER:

NEXT RE-EVALUATION: 4- WKS 6- WKS 8- WKS OTHER:

REFERRAL: MD ORTHO MRI OTHER: FOR:

TODAY: 98940 98941 98942 97139 97112 97012 OTHER:

CHANGES IN DIAGNOSIS(ES): NO YES:

DATE

DOCTOR'S INITIALS

10302014

CHIROPRACTIC RE-EXAMINATION

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

PATIENT: [REDACTED]

DOA: 12/1/13

DATE: 4/11/14

SUBJECTIVE COMPLAINTS

Neck: pain/stiffness: _____
 Upper Back: pain/stiffness: _____
 Pain: L/R Shoulder, L/R Arm, L/R Elbow, L/R Hand; _____
 Numbness: L/R Shoulder, L/R Arm, L/R Hand; _____

Mid-Low Back: pain/stiffness: _____
 Pain: L/R Hip, L/R Buttock, L/R Leg, L/R Knee, L/R Foot
 Numbness: L/R Hip, L/R Buttock, L/R Leg, L/R Foot
 Other: _____

OBJECTIVE FINDINGS

Cervical ROM

		Results (% of Loss)			
Flexion	WNL	1-25	26-50	51-75	76-100
Extension	WNL	1-25	26-50	51-75	76-100
Left Rotation	WNL	1-25	26-50	51-75	76-100
Right Rotation	WNL	1-25	26-50	51-75	76-100
Left Lat. Flexion	WNL	1-25	26-50	51-75	76-100
Right Lat. Flexion	WNL	1-25	26-50	51-75	76-100

Lumbar ROM

		Results (% of Loss)			
Flexion	WNL	1-25	26-50	51-75	76-100
Extension	WNL	1-25	26-50	51-75	76-100
Left Rotation	WNL	1-25	26-50	51-75	76-100
Right Rotation	WNL	1-25	26-50	51-75	76-100
Left Lat. Flexion	WNL	1-25	26-50	51-75	76-100
Right Lat. Flexion	WNL	1-25	26-50	51-75	76-100

R/L Cervical Foraminal Compression: +
 R/L Jackson's Compression: +
 R/L Cervical Distraction: -
 R/L Shoulder Depression: -
 Soto-Hall: -

R/L Straight Leg Raise: _____ deg.
 R/L Kemp's: +
 R/L Ely's: -
 R/L Yeoman's: +
 R/L Nachlas: -

INTERSEGMENTAL SPINAL DYSFUNCTION AT: CERVICAL THORACIC LUMBAR RSI LSI

SPASM: Cervical Thoracic Lumbar Other: _____
 TREATMENT: TPT MMS CMT Other: _____
 AREA: Cervical Thoracic Lumbar LSI RSI Other: _____
 DIFFICULTY: Lifting Bending Twisting Sleeping Sitting Standing Hygiene
 Dressing Reading Concentrating Leisure Activity Other: _____

WORKING: Yes No

RETURN TO WORK DATE: _____

RECOMMENDATION(S): CMT (above regions) 2-3x/wk 1-2x/wk 1x/wk other: _____
 MRI: _____ X-Ray: _____ M/D Neuro Ortho Stretch Exercise Other: _____

ADDITIONAL COMMENTS: _____

DX: _____

PROGNOSIS: Good Poor Guarded

NEXT RE-EVALUATION: 6 week

Dr's Signature: [Signature]

Date: 4/11/14

Patient's Signature: [REDACTED]

Date: 4/11/14

05122014

Exhibit 24

Charles Deng Lac
New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Page 1 of 5

INITIAL EVALUATION

DATE OF EXAM: 4/29/14

NAME: [REDACTED]
DOB: [REDACTED] AGE: 26 SEX: Female / Male
DOA: 4/14/14 HOME PHONE#: _____ BUSINESS PHONE#: _____
ADDRESS: _____
Number and Street City State Zip Code

HISTORY OF INJURY (Circle or Fill-out):

0. Date of Accident: 4/14/14 Time of Accident: _____
1. I was (circle one): Driver (Belted/Unbelted) Passenger-Front Seat (Belted/Unbelted)
2. Passenger-Rear Seat (Belted/Unbelted) Pedestrian Bicyclist
3. Impact on Car: Rear Front Left Side Right Side
4. Did Police arrive on location? Yes / No
5. Did Patient lose consciousness? Yes / No
6. Patient taken to ER: Yes / No
7. Name of Hospital: Methodist Hospital
8. Hospital examination: X-Ray MRI Medication Others: _____

CHIEF COMPLAINTS AND PRESENT MEDICAL HISTORY (Circle or Fill-out):

The patient is complaining of pain after injury sustained in MVA in the following:

Neck, Thoracic Spine, Lower Back, Shoulder (R / L), Elbow (R / L), Wrist (R / L), Knee (R / L), Ankle (R / L), Hand (R / L), Foot (R / L), Hip (R / L), Leg (R / L), Chest, Face, Pelvis, Other: _____

The Pain is: Persistent / Intermittent and Aggravated with Sitting / Standing / Walking / Lying Down

The Pain is: Sharp / Dull / Stabbing / Shooting / Distending / Fixed / Heavy / Aching

The Pain radiates to: _____

The Patient is complaining of:

Headache: Persistent / Intermittent on the Frontal / Occipital / Temporal / Vertex Area / Whole Head
Dizziness / Nausea / Insomnia / Stress / Anxiety / Depression / Tinnitus / Vision Change / Blurred

Vision / Hearing Difficulty / Memory Deficit / Other: no

The Patient has had other medical problem: no

The Patient is taking medication: Pain Killers

PAST MEDICAL HISTORY (Circle or Fill-out): none

Bleeding Disease Anemia Cancer Hepatitis Tuberculosis Gallstone Kidney Stone
Diarrhea Peptic Ulcer Urinary Tract Infection Pneumonia _____

Last Car Accident in: no Surgery: no Allergies to Medicine: no

Family History: ✓ Unremarkable, or related to: _____

Social History: Smoking: Yes / No Alcohol: Yes / No Recreational Drugs: Yes / Denial

06022014

Charles Deng L.ac
New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Page 2 of 5

PHYSICAL EXAMINATION

General Appearance

The patient was alert, cooperative and oriental. Pulse: 75/min Height: 5'4" Weight: 185 lbs

Tongue Characteristics:

The color of tongue body: Light Red / Pale / Reddened / Crimson Purple / Other: _____

The shape of tongue body: Swollen / Emaciated / Prickled / Fissured / Teeth-printed / Normal

The tongue coating: Thin White / Thick White / Light Yellow / Yellow Greasy / White Greasy / Exfoliate

Pulse:

Normal / Floating / Deep / Rapid / Slow / Thready / Slippery / Uneven / Freeble / Wiry / Knotted / Intorinlttent Running

Other: _____

Head:

Tenderness on the occipital / forehead / supra-orbital / temple / vertex area at palpitation on the right / left was present / not present.

Wound / Scars / Bruises in the area(s) of _____ was present / not present

Cervical Spine:

Para vertebral muscles spasm / tenderness was present / not present

Forward bending was restricted / free Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left side was restricted / free

Foramina Compression Test: (Spurling's Test) showed (no) increase pain down the right / left arms

Soto-Hall Test showed (no) nerve irritation in the neck / mid-back / low-back

Lumbar Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between L to L

Forward bending was restricted / free Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left was restricted / free

Straight Leg Raising Test (SLR) showed (no) nerve irritation in the lower back with radiation into the right / left leg

Thoracic Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between T to T

Rotation on the right / left side was restricted / free

Shoulder:

Tenderness/spasm was on the right / left side was present / not present

Abduction/Adduction/Flexion/Extension on the right / left side was restricted / free

Knee:

Tenderness/spasm was pm the right / left side was present / not present

Flexion/Extension on the right / left side was restricted / free

Other: _____

06022014

Charles Deng L.ac
New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Page 1 of 5

INITIAL EVALUATION

DATE OF EXAM: 4/29/14

NAME: [REDACTED]
DOB: [REDACTED] AGE: 26 SEX: Female / Male
DOA: 4/14/14 HOME PHONE#: _____ BUSINESS PHONE#: _____
ADDRESS: [REDACTED]
Number and Street City State Zip Code

HISTORY OF INJURY (Circle or Fill-out):

0. Date of Accident: 4/14/14 Time of Accident: _____
1. I was (circle one): Driver (Belted/Unbelted) Passenger-Front Seat (Belted/Unbelted)
2. Passenger-Rear Seat (Belted/Unbelted) Pedestrian Bicyclist
3. Impact on Car: Rear Front Left Side Right Side
4. Did Police arrive on location? Yes / No
5. Did Patient lose consciousness? Yes / No
6. Patient taken to ER: Yes / No
7. Name of Hospital: Methodist Hospital
8. Hospital examination: X-Ray MRI Medication Others: _____

CHIEF COMPLAINTS AND PRESENT MEDICAL HISTORY (Circle or Fill-out):

The patient is complaining of pain after injury sustained in MVA in the following:

Neck, Thoracic Spine, Lower Back, Shoulder (R / L), Elbow (R / L), Wrist (R / L), Knee (R / L), Ankle (R / L), Hand (R / L), Foot (R / L), Hip (R / L), Leg (R / L), Chest, Face, Pelvis, Other: _____

The Pain is: Persistent / Intermittent and Aggravated with Sitting/Standing/Walking/Lying Down

The Pain is: Sharp / Dull / Stabbing / Shooting / Distending / Fixed / Heavy / Aching

The Pain radiates to: _____

The Patient is complaining of:

Headache: Persistent / Intermittent on the Frontal/Occipital/Temporal/Vertex Area/Whole Head
Dizziness/ Nausea/ Insomnia/ Stress/ Anxiety/ Depression/ Tinnitus/ Vision Change/ Blurred

Vision/Hearing Difficulty/ Memory Deficit/ Other: no

The Patient has had other medical problem: no

The Patient is taking medication: none

PAST MEDICAL HISTORY (Circle or Fill-out): none

Bleeding Disease Anemia Cancer Hepatitis Tuberculosis Gallstone Kidney Stone
Diarrhea Peptic Ulcer Urinary Tract Infection Pneumonia _____

Last Car Accident in: no Surgery: no Allergies to Medicine: no

Family History: ✓ Unremarkable, or related to: _____

Social History: Smoking: Yes / No Alcohol: Yes / No Recreational Drugs: Yes / Denial

06022014

Charles Deng L.ac
New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Page 2 of 5

PHYSICAL EXAMINATION

General Appearance

The patient was alert, cooperative and oriental. Pulse: 75/6 Height: 5'4" Weight: 185 lbs

Tongue Characteristics:

The color of tongue body: Light Red / Pale / Reddened / Crimson Purple / Other: _____

The shape of tongue body: Swollen / Emaciated / Prickled / Fissured / Teeth-printed / Normal

The tongue coating: Thin White / Thick White / Light Yellow / Yellow Greasy / White Greasy / Exfoliate

Pulse:

Normal / Floating / Deep / Rapid / Slow / Thready / Slippery / Uneven / Freeble / Wiry / Knotted / Intorinlttent Running

Other: _____

Head:

Tenderness on the occipital / forehead / supra-orbital / temple / vertex area at palpitation on the right / left was present / not present.

Wound / Scars / Bruises in the area(s) of _____ was present / not present

Cervical Spine:

Para vertebral muscles spasm / tenderness was present / not present

Forward bending was restricted / free Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left side was restricted / free

Foramina Compression Test: (Spurling's Test) showed (no) increase pain down the right / left arms

Soto-Hall Test showed (no) nerve irritation in the neck / mid-back / low-back

Lumbar Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between L to L

Forward bending was restricted / free Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left was restricted / free

Straight Leg Raising Test (SLR) showed (no) nerve irritation in the lower back with radiation into the right / left leg

Thoracic Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between T to T

Rotation on the right / left side was restricted / free

Shoulder:

Tenderness/spasm was on the right / left side was present / not present

Abduction/Adduction/Flexion/Extension on the right / left side was restricted / free

Knee:

Tenderness/spasm was pm the right / left side was present / not present

Flexion/Extension on the right / left side was restricted / free

Other: _____

06022014

Evaluation of the Cervical Spine:

Cervical ROM	Normal	Patient's
Flexion	60°	40
Extension	50°	30
Right Lateral Flexion	40°	30
Left Lateral Flexion	40°	40
Right Rotation	80°	80
Left Rotation	80°	80

Evaluation of the Lumbar Spine:

Lumbar ROM	Normal	Patient's
Flexion	90°	70
Extension	30°	15
Right Lateral Flexion	30°	15
Left Lateral Flexion	30°	20
Right Rotation	30°	20
Left Rotation	30°	20

Evaluation of the Shoulder:

Shoulder ROM	Normal	Patient's
		R L
Right Lateral Flexion	150°	120
Left Lateral Flexion	150°	150
Abduction	150°	130 150
Adduction	30°	15 30

Evaluation of the Elbow

Elbow ROM	Normal	Patient's
		R L
Flexion	145°	
Extension	145°	

Evaluation of the Wrist:

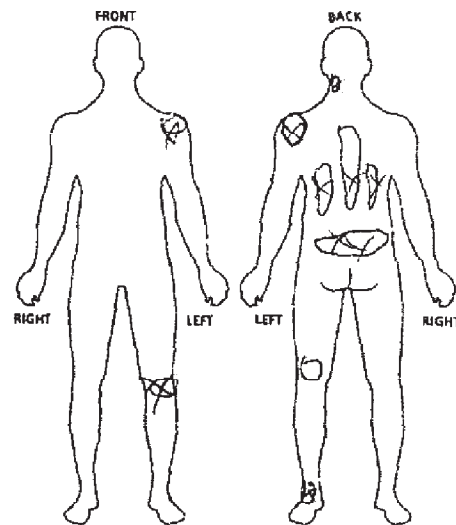
Wrist ROM	Normal	Patient's
		R L
Flexion	60°	
Extension	70°	

Evaluation of the Knee:

Knee ROM	Normal	Patient's
		R L
Flexion	135°	100 130
Extension	0-15°	0 10

Evaluation of the Ankle:

Ankle ROM	Normal	Patient's
		R L
Flexion	30°	
Extension	20°	



↑ Circle Where You Feel The Pain ↑

Evaluation of the Hip:

Hip ROM	Normal	Patient's
		R L
Flexion	100°	
Extension	100°	
Abduction	40°	

Charles Deng L.ac
New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Page 4 of 5

Palpation of Channels and Points; Tenderness and Sensitivity on:

SI: 15
UB: 11, 16, 23, 24
DU: _____
ST: 34 (R)
LI: _____
Others: _____

ACUPUNCTURE DIAGNOSIS: Stagnation of Qi and Blood in the following Channels:

☐ LU, The Lung Channel of Hand-Taiyin ☐ LI, The Large Intestine Channel of Hand-Yangming
☐ SP, The Spleen Channel of Foot-Taiyin ☐ ST, The Stomach Channel of Foot-Yanming
☐ HT, The Heart Channel of Hand- Shaoyin ☒ SI, The Small Intestine Channel of Hand-Taiyong
☐ K, The Kidney Channel of Foot- Shaoyin ☒ UB, The Urinary Bladder Channel of Foot- Taiyang
☐ PC, The Pericardium Channel of Hand- Jueyin ☐ SJ, The Sanjiao Channel of Hand-Shaoyang
☐ LV, The Liver Channel of Foot-Jueyin ☐ GB, The Gallbladder Channel of Foot- Shaoyang
☐ DU Channel ☐ REN Channel

DIAGNOSIS (ICD-9-CM)

<input type="checkbox"/> 723.1 Cervicalgia	<input type="checkbox"/> 723.4 Cervical Radiculitis	<input type="checkbox"/> 722.0 Cervical Disc Displacement
<input checked="" type="checkbox"/> 847.0 Cervical: Sprain/Strain	<input checked="" type="checkbox"/> 780.4 Headaches	<input type="checkbox"/> 920 Contusion of Head
<input type="checkbox"/> 724.2 Lumbar Myofascitis/ Lumbalgia	<input type="checkbox"/> 722.10 Lumbar Radiculopathy	<input checked="" type="checkbox"/> 847.2 Lumbar: Sprain/Strain
<input type="checkbox"/> 724.3 Sciatica	<input type="checkbox"/> 846.1 Sacroiliac: Sprain/Strain	<input type="checkbox"/> 847.1 Thoracic: Sprain/Strain
<input type="checkbox"/> 724.1 Thoracalgia	<input type="checkbox"/> 722.11 Thoracic Displacement	<input checked="" type="checkbox"/> 719.41 Shoulder Pain
<input type="checkbox"/> 718.90 Shoulder Derangement	<input type="checkbox"/> 840.9 Shoulder: Sprain/Strain	<input type="checkbox"/> 719.42 Elbow Pain
<input type="checkbox"/> 841.2 Elbow Sprain/Strain	<input type="checkbox"/> 718.32 Elbow Derangement	<input type="checkbox"/> 719.43 Wrist Pain
<input type="checkbox"/> 842.00 Wrist: Sprain/Strain	<input type="checkbox"/> 718.93 Wrist Derangement	<input type="checkbox"/> 842.00 Hand: Sprain/Strain
<input type="checkbox"/> 729.5 Hand Pain	<input type="checkbox"/> 717.9 Knee Derangement	<input type="checkbox"/> 719.46 Knee Pain/ Arthralgia
<input checked="" type="checkbox"/> 844.9 Knee: Sprain/Strain	<input type="checkbox"/> 719.47 Ankle Pain	<input type="checkbox"/> 845.00 Ankle: Sprain/Strain
<input type="checkbox"/> 718.97 Ankle Derangement	<input type="checkbox"/> 729.5 Leg Pain	<input type="checkbox"/> 844.9 Leg: Sprain/Strain
<input type="checkbox"/> 922.1 Contusion Ribs and Sternum	<input type="checkbox"/> 786.52 Chest Wall Pain	<input type="checkbox"/> 843.9 Hip and Thigh: Sprain/Strain
<input type="checkbox"/> 719.45 Hip Pain	<input type="checkbox"/> 845.10 Foot: Sprain/Strain	<input type="checkbox"/> 729.5 Foot Pain
<input type="checkbox"/> 308.9 Acute stress Reaction	<input type="checkbox"/>	<input type="checkbox"/>

06022014

Charles Deng L.ac

New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Page 5 of 5

TREATMENT OF ACUPUNCTURE

Principals, Purpose and necessity: According to traditional Chinese medicine, the injuries caused by the motor vehicle accident belongs to the pattern of Qi and blood stagnation, which can cause pain, swelling and numbness and other symptoms in some channels and acupoints. Acupuncture can activate Qi and Blood, remove obstruction from the channels and collaterals, resolve blood stasis and stop pain by needling points mainly from the above channels and acupuncture-point. The treating necessity is in the following:

- ① Provide symptomatic pain relief in acute and sub-acute stages of injury condition
- ② Assist to reduce inflammatory response to affected tissues.
- ③ Reflexively subside, painful muscle contraction and reactive spasm of injured joint's intrinsic musculature, thereby reversing the pain-spasm-pain-cycle.
4. Decrease irritation of nerve radiation.
- 5 Relieve headaches, the stress and anxiety.
- 6 Almost no side effects.

NEEDLE:

Type. Disposable and sterile, individually packed with guided PVC tube.

Size: 36# x 1.0 (0.20mm x 25mm) or 34# x 1.5 (0.22mm x 40mm)

Time in Place: 15 minutes for initial insertion or reinsertion

TREATMENT PLAN:

- ① Patient will be seen 1 or 2 or 3 times a week for acupuncture treatment for 4 weeks.
Acupuncture treatment along with:
- ② Plain / Electro stimulation acupuncture:
 - a. Heat (TDP-CQ27)
 - b. Moxabustion
 - c. Ear Acupuncture

COMMENTS:

I feel that there is a direct casual relationship between the accident described and patient's current injuries if the history was reported correctly. The symptoms and clinical findings are consistent with musculoskeletal injuries to the described areas. At this point the patient remains impaired with regards to some functional capabilities. As such, I would like to provide acupuncture and recommend continue other therapy for the patient to alleviate the patient and prevent any further progression of disability

PROGNOSIS: _____

L.Ac. 

06022014

Charles Deng L.ac
New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Page 1 of 5

INITIAL EVALUATION

DATE OF EXAM: 12-13-2013

NAME: [REDACTED]
DOB: [REDACTED] AGE: 30 SEX: Female / Male
DOA: 11-12-2013 HOME PHONE#: [REDACTED] BUSINESS PHONE#: [REDACTED]
ADDRESS: [REDACTED]
Number and Street City State Zip Code

HISTORY OF INJURY (Circle or Fill-out):

0. Date of Accident: 12/11/13 Time of Accident: 8:15 P.m.
1. I was (circle one): Driver (Belted/Unbelted) Passenger-Front Seat (Belted/Unbelted)
2. Passenger-Rear Seat (Belted/Unbelted) Pedestrian Bicyclist
3. Impact on Car: Rear Front Left Side Right Side
4. Did Police arrive on location? Yes / No
5. Did Patient lose consciousness? Yes / No
6. Patient taken to ER: Yes / No
7. Name of Hospital: The Brooklyn Hospital
8. Hospital examination: X-Ray MRI Medication Others: _____

CHIEF COMPLAINTS AND PRESENT MEDICAL HISTORY (Circle or Fill-out):

The patient is complaining of pain after injury sustained in MVA in the following:

Neck, Thoracic Spine, Lower Back, Shoulder (R / L), Elbow (R / L), Wrist (R / L), Knee (R / L), Ankle (R / L), Hand (R / L), Foot (R / L), Hip (R / L), Leg (R / L), Chest, Face, Pelvis, Other: _____

The Pain is: Persistent / Intermittent and Aggravated with Sitting / Standing / Walking / Lying Down

The Pain is: Sharp / Dull / Stabbing / Shooting / Distending / Fixed / Heavy / Aching

The Pain radiates to: _____

The Patient is complaining of:

Headache: Persistent / Intermittent on the Frontal / Occipital / Temporal / Vertex Area / Whole Head

Dizziness / Nausea / Insomnia / Stress / Anxiety / Depression / Tinnitus / Vision Change / Blurred

Vision / Hearing Difficulty / Memory Deficit / Other: no

The Patient has had other medical problem: no

The Patient is taking medication: none

PAST MEDICAL HISTORY (Circle or Fill-out): none

Bleeding Disease Anemia Cancer Hepatitis Tuberculosis Gallstone Kidney Stone
Diarrhea Peptic Ulcer Urinary Tract Infection Pneumonia _____

Last Car Accident in: no Surgery: no Allergies to Medicine: no

Family History: no Unremarkable, or related to: _____

Social History: Smoking: Yes / No Alcohol: Yes / No Recreational Drugs: Yes / Denial

01152014

Charles Deng Lac
New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Page 2 of 5

PHYSICAL EXAMINATION

General Appearance

The patient was alert, cooperative and oriental. Pulse: 80/ma Height: 5-8 Weight: 160

Tongue Characteristics:

The color of tongue body: light Red/ Pale/ Reddened/ Crimson Purple/ Other: _____

The shape of tongue body: Swollen/ Emaciated/ Prickled/ Fissured/ Teeth-printed/ Normal

The tongue coating: Thin White/ Thick White/ Light Yellow/ Yellow Greasy/ White Greasy/ Exfoliate

Pulse:

Normal/ Floating/Deep/ Rapid/ Slow/ Thready/ Slippery/ Uneven/ Freeble/ Wiry/ Knotted/ Intorinlttent

Running

Other: _____

Head:

Tenderness on the occipital/forehead/supra-orbital/temple/vertex area at palpitation on the right/left was present/ not present.

Wound/Scars/Bruises in the area(s) of _____ was present / not present

Cervical Spine:

Para vertebral muscles spasm / tenderness was present / not present

Forward bending was restricted / free. Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left side was restricted / free

Foramina Compression Test: (Spurling's Test) showed (no) increase pain down the right / left arms

Soto-Hall Test showed (no) nerve irritation in the neck/ mid-back/ low-back

Lumbar Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between L to L

Forward bending was restricted / free. Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left was restricted / free

Straight Leg Raising Test (SLR) showed (no) nerve irritation in the lower back with radiation into the right/left leg

Thoracic Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between T to T

Rotation on the right / left side was restricted / free

Shoulder:

Tenderness/spasm was on the right / left side was present / not present

Abduction/Adduction/Flexion/Extension on the right / left side was restricted / free

Knee:

Tenderness/spasm was pm the right / left side was present / not present

Flexion/Extension on the right / left side was restricted / free

Other: _____

Charles Deng L.Ac

New York State Licensed In Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Page 3 of 5

Evaluation of the Cervical Spine:

Cervical ROM	Normal	Patient's
Flexion	60°	40
Extension	50°	30
Right Lateral Flexion	40°	20
Left Lateral Flexion	40°	20
Right Rotation	80°	70
Left Rotation	80°	65

Evaluation of the Lumbar Spine:

Lumbar ROM	Normal	Patient's
Flexion	90°	70
Extension	30°	15
Right Lateral Flexion	30°	15
Left Lateral Flexion	30°	20
Right Rotation	30°	25
Left Rotation	30°	25

Evaluation of the Shoulder:

Shoulder ROM	Normal	Patient's
Right Lateral Flexion	150°	140
Left Lateral Flexion	150°	140
Abduction	150°	140
Adduction	30°	25

Evaluation of the Elbow

Elbow ROM	Normal	Patient's
Flexion	145°	
Extension	145°	

Evaluation of the Wrist:

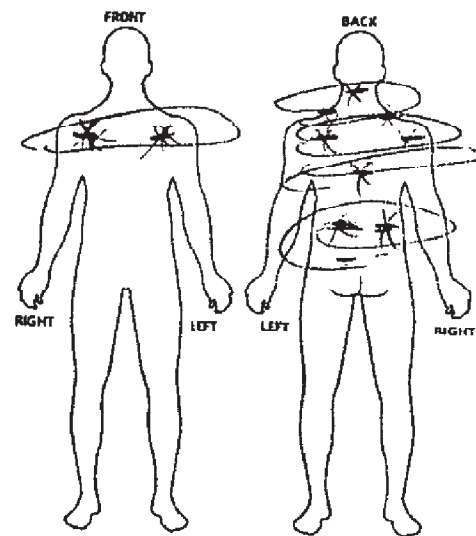
Wrist ROM	Normal	Patient's
Flexion	60°	
Extension	70°	

Evaluation of the Knee:

Knee ROM	Normal	Patient's
Flexion	135°	
Extension	0-15°	

Evaluation of the Ankle:

Ankle ROM	Normal	Patient's
Flexion	30°	
Extension	20°	



↑ Circle Where You Feel The Pain ↑

Evaluation of the Hip:

Hip ROM	Normal	Patient's
Flexion	100°	
Extension	100°	
Abduction	40°	

01152014

Charles Deng L.ac
New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Palpation of Channels and Points; Tenderness and Sensitivity on:

SI: 12, 15
UB: 11, 12, 15, 23
DU: _____
ST: _____
LI: 15
Others: _____

ACUPUNCTURE DIAGNOSIS: Stagnation of Qi and Blood in the following Channels:

☐ LU, The Lung Channel of Hand-Taiyin ☐ LI, The Large Intestine Channel of Hand-Yangming
☐ SP, The Spleen Channel of Foot-Taiyin ☐ ST, The Stomach Channel of Foot-Yanming
☐ HT, The Heart Channel of Hand- Shaoyin ☒ SI, The Small Intestine Channel of Hand-Taiyong
☐ K, The Kidney Channel of Foot- Shaoyin ☒ UB, The Urinary Bladder Channel of Foot- Taiyang
☐ PC, The Pericardium Channel of Hand- Jueyin ☐ SJ, The Sanjiao Channel of Hand-Shaoyang
☐ LV, The Liver Channel of Foot-Jueyin ☐ GB, The Gallbladder Channel of Foot- Shaoyang
☐ DU Channel ☐ REN Channel

DIAGNOSIS (ICD-9-CM)

<input type="checkbox"/> 723.1 Cervicalgia	<input type="checkbox"/> 723.4 Cervical Radiculitis	<input type="checkbox"/> 722.0 Cervical Disc Displacement
<input checked="" type="checkbox"/> 847.0 Cervical: Sprain/Strain	<input checked="" type="checkbox"/> 780.4 Headaches	<input type="checkbox"/> 920 Contusion of Head
<input checked="" type="checkbox"/> 724.2 Lumbar Myofascitis/ Lumbalgia	<input type="checkbox"/> 722.10 Lumbar Radiculopathy	<input type="checkbox"/> 847.2 Lumbar: Sprain/Strain
<input type="checkbox"/> 724.3 Sciatica	<input type="checkbox"/> 846.1 Sacroiliac: Sprain/Strain	<input checked="" type="checkbox"/> 847.1 Thoracic: Sprain/Strain
<input type="checkbox"/> 724.1 Thoracalgia	<input type="checkbox"/> 722.11 Thoracic Displacement	<input checked="" type="checkbox"/> 719.41 Shoulder Pain
<input type="checkbox"/> 718.90 Shoulder Derangement	<input type="checkbox"/> 840.9 Shoulder: Sprain/Strain	<input type="checkbox"/> 719.42 Elbow Pain
<input type="checkbox"/> 841.2 Elbow Sprain/Strain	<input type="checkbox"/> 718.32 Elbow Derangement	<input type="checkbox"/> 719.43 Wrist Pain
<input type="checkbox"/> 842.00 Wrist: Sprain/Strain	<input type="checkbox"/> 718.93 Wrist Derangement	<input type="checkbox"/> 842.00 Hand: Sprain/Strain
<input type="checkbox"/> 729.5 Hand Pain	<input type="checkbox"/> 717.9 Knee Derangement	<input type="checkbox"/> 719.46 Knee Pain/ Arthralgia
<input type="checkbox"/> 844.9 Knee: Sprain/Strain	<input type="checkbox"/> 719.47 Ankle Pain	<input type="checkbox"/> 845.00 Ankle: Sprain/Strain
<input type="checkbox"/> 718.97 Ankle Derangement	<input type="checkbox"/> 729.5 Leg Pain	<input type="checkbox"/> 844.9 Leg: Sprain/Strain
<input type="checkbox"/> 922.1 Contusion Ribs and Sternum	<input type="checkbox"/> 786.52 Chest Wall Pain	<input type="checkbox"/> 843.9 Hip and Thigh: Sprain/Strain
<input type="checkbox"/> 719.45 Hip Pain	<input type="checkbox"/> 845.10 Foot: Sprain/Strain	<input type="checkbox"/> 729.5 Foot Pain
<input type="checkbox"/> 308.9 Acute stress Reaction	<input type="checkbox"/>	<input type="checkbox"/>

Charles Deng L.ac
New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Page 5 of 5

TREATMENT OF ACUPUNCTURE

Principals, Purpose and necessity: According to traditional Chinese medicine, the injuries caused by the motor vehicle accident belongs to the pattern of Qi and blood stagnation, which can cause pain, swelling and numbness and other symptoms in some channels and acupoints. Acupuncture can activate Qi and Blood, remove obstruction from the channels and collaterals, resolve blood stasis and stop pain by needling points mainly from the above channels and acupuncture-point. The treating necessity is in the following:

- ① Provide symptomatic pain relief in acute and sub-acute stages of injury condition.
- ② Assist to reduce inflammatory response to affected tissues.
- ③ Reflexively subside, painful muscle contraction and reactive spasm of injured joint's intrinsic musculature, thereby reversing the pain-spasm-pain-cycle.
4. Decrease irritation of nerve radiation.
5. Relieve headaches, the stress and anxiety.
6. Almost no side effects.

NEEDLE:

Type: Disposable and sterile, individually packed with guided PVC tube.

Size: 36# x 1.0 (0.20mm x 25mm) or 34# x 1.5 (0.22mm x 40mm)

Time in Place: 15 minutes for initial insertion or reinsertion

TREATMENT PLAN:

- ① Patient will be seen 1 or 2 or 3 times a week for acupuncture treatment for 4 weeks.
Acupuncture treatment along with:
- ② Plain / Electro stimulation acupuncture:
 - a. Heat (TDP-CQ27)
 - b. Moxabustion
 - c. Ear Acupuncture

COMMENTS:

I feel that there is a direct casual relationship between the accident described and patient's current injuries if the history was reported correctly. The symptoms and clinical findings are consistent with musculoskeletal injuries to the described areas. At this point the patient remains impaired with regards to some functional capabilities. As such, I would like to provide acupuncture and recommend continue other therapy for the patient to alleviate the patient and prevent any further progression of disability.

PROGNOSIS:

L.Ac. 

01152014

Exhibit 25



Recommended Policy for Electrodiagnostic Medicine American Association of Neuromuscular & Electrodiagnostic Medicine

Executive Summary

The electrodiagnostic medicine (EDX) evaluation is an important and useful extension of the clinical evaluation of patients with disorders of the peripheral and/or central nervous system. EDX tests are often crucial to evaluating symptoms, arriving at a proper diagnosis, and in following a disease process and its response to treatment in patients with neuromuscular (NM) disorders. Unfortunately, EDX studies are poorly understood by many in the medical and lay communities. Even more unfortunately, these studies have occasionally been abused by some providers, resulting in overutilization and inappropriate consumption of scarce health resources. The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) has developed this model policy to improve the quality of patient care, to encourage appropriate utilization of the procedures involved, and to assist public and private insurance carriers in developing policy regarding EDX testing. This document contains recommendations which can be used in developing and revising current reimbursement guidelines.

This document is based on the AANEM's publication, *The Electrodiagnostic Medicine Consultation*, and was further refined by consensus at a conference of 43 experts in the field of EDX medicine. This consensus conference was held to produce guidelines that could be used to identify overutilization. Participants in the conference represented a diversity of practice types and were either neurologists or physiatrists and included the AANEM Board of Directors, committee chairs, Professional Practice Committee members, and other members of the association. Physicians from both academic medical centers and private practice were represented. With the help of the AANEM Professional Practice Committee, the guidelines have continuously been revised to produce this comprehensive policy regarding the optimal use of EDX procedures.

This document provides:

1. An introduction to the mission of the AANEM.
2. An overview of the scope of EDX medicine.
3. Indications for the performance of EDX testing.

4. A list of applicable American Medical Association Current Procedural Terminology (CPT™) codes.
5. A recommended source for a list of ICD-9-CM diagnosis codes that are acceptable indications for needle electromyography (EMG) and nerve conduction procedures.
6. An overview of nerve conduction studies (NCSs).
7. An overview of needle EMG.
8. An overview of late responses, including H-reflex and F-wave studies.
9. An overview of blink reflexes.
10. An overview of neuromuscular junction (NMJ) studies
11. An overview of somatosensory evoked potentials (SEPs).
12. An overview of autonomic nervous system function testing.
13. A recommended maximum number of EDX studies necessary for certain diagnostic categories in 90% of cases.
14. Information regarding the timing of EDX testing after an injury.
15. Recommended reasonable limits on the frequency of EDX testing in individual patients.
16. Recommended minimum standards for EDX testing that must be met under this policy.
17. A list of nerves to assist in coding for NCSs.

Recognizing the critical need for testing individualized to the patient's condition, it is necessary that physicians have flexibility to design and carry out the appropriate EDX studies. However, the peer-review mechanism should be triggered when patterns of EDX test utilization significantly and consistently deviate from established norms for quantity and variety of procedures. Individuals may obtain the names of American Board of Electrodiagnostic Medicine (ABEM) certified physicians from the ABEM directory found on the ABEM website at www.abemexam.org. These physicians can be contacted to review questionable cases, assist in the review process, and advise on claims that appear to be unusually excessive.

The American Association of Neuromuscular & Electrodiagnostic Medicine

Founded in 1953 and currently numbering over 5,000 physicians, primarily neurologists and physiatrists, the AANEM is the largest organization worldwide dedicated solely to the scientifically based advancement of NM medicine. The primary goal of the AANEM is to increase the quality of patient care, specifically for those patients with disorders of the central and peripheral

nervous systems, the NM junction, and skeletal muscle by contributing to steady improvement in the methods of diagnosing and treating patients with disorders of muscle and nerve. This goal is accomplished through programs in education, research, and quality assurance.

The AANEM publishes a wide range of educational material and sponsors annual didactic programs, symposia, courses, and workshops. The AANEM informs its members about both basic and clinical research activities in EDX medicine and NM diseases through its annual meeting sessions, the journal *Muscle & Nerve*, CD-ROMs, monographs, case reports, and other educational material. In so doing, the AANEM fosters the conduct of and enhances the quality of this research. The AANEM also offers EDX and NM Training Program Self-Assessment Examinations annually. These examinations are educational tools which are often used by training programs for their residents, fellows, and faculty members. The examinations offer an opportunity for individuals to assess their knowledge of EDX or NM medicine.

The ABEM is an independent credentialing body in EDX medicine. Although it is organized and operated as a committee of the AANEM, it is completely autonomous for purposes of credentialing criteria and procedures. The ABEM's goal is to enhance the quality of patient care through a voluntary certification process and thereby serve the public interest. The ABEM holds an annual examination through which candidates are able to assess their level of competence.

The ABEM operates a Maintenance of Certification Program to provide a mechanism for ABEM Diplomates to demonstrate their continuing education in EDX medicine as they keep up-to-date with this medical specialty. Diplomates are expected to demonstrate current medical knowledge and clinical problem-solving skills in periodic recertification examinations. Certification is limited to 10 years. The first time-limited certificates were issued in 1994.

The AANEM is committed to the development of medically sound and clinically relevant guidelines for EDX medicine. This is accomplished through literature review, expert opinion, and consensus of AANEM leaders and committee members, as well as input from the general membership and other experts in the field. Practice guidelines, technology reviews, consensus statements, and position statements are available free of charge at www.aanem.org.

Scope of Electrodiagnostic Medicine

Patients are referred for EDX studies by neurologists and physiatrists trained in NM diagnosis, as well as by internists, primary care physicians, neurological and orthopaedic surgeons, and other healthcare providers. The AANEM has published *Referral Guidelines for Electrodiagnostic Medicine Consultations* to assist primary care physicians in determining if referral for an EDX evaluation could be useful for their patients. Some patients are referred for EDX testing with a provisional diagnosis; others are not. Many patients are referred with merely symptoms and/or clinical findings and there is an expectation that the EDX physician will be able to arrive at the correct diagnosis only after the completion of the EDX evaluation.

After taking a history and examining the patient, the physician develops a working diagnosis that may modify the referral diagnosis. The physician's working diagnosis may also be modified as the study proceeds. A number of tests may be needed to address the referral and working diagnoses, and to arrive at the correct final diagnosis. A final diagnosis does not reflect either the decision-making process or the work performed that led to the diagnosis being established.

Furthermore, EDX testing does not always establish an etiologic diagnosis. When "rule-out" diagnoses are not accepted, only a symptomatic diagnosis (e.g., ICD-9-CM code 729.5 "pain in limb" or 782.0 "disturbance in skin sensation") can be coded regardless of the work involved in performing the EDX evaluation.

EDX studies are performed by physicians, almost exclusively neurologist and physiatrists, as part of an EDX evaluation. The AANEM believes that nonphysician providers, including physical therapists, chiropractors physician assistants, and others, lack the appropriate training and knowledge to perform and interpret EMG studies and interpret NCSs. The AANEM believes that these providers, along with END technologists, may perform NCS with direct physician supervision. —EDX evaluations include history-taking, appropriate physical examination, and the design, performance, and interpretation of EDX studies. These evaluations usually take a minimum of 30 minutes to perform and can take up to 2 hours or more in particularly complicated clinical situations. Other healthcare professionals sometimes participate, either by assisting the EDX physician or by performing the NCSs under direct physician supervision.

EDX medicine includes a variety of EDX studies, including NCSs (CPT codes 95900-95905), EMG (CPT

codes 95860-95872), NMJ testing (CPT code 95937), and other specialized studies. EDX studies are an important means of diagnosing motor neuron diseases, myopathies, radiculopathies, plexopathies, neuropathies, and NMJ disorders (e.g., myasthenia gravis and myasthenic syndrome). EDX studies are also useful when evaluating tumors involving an extremity, the spinal cord, and/or the peripheral nervous system, and in neurotrauma, low-back pain, and spondylosis and cervical and lumbosacral disc diseases.

Although a common problem such as tingling and numbness in the hand and arm (which could be due to lesions in the brain, spinal cord, cervical roots, brachial plexus, or nerves in the upper extremities) may be studied in a similar way by many EDX physicians, there is no single universally accepted specific protocol or set of procedures employed for each diagnostic category. Instead, the EDX physician must continually reassess the findings encountered during the performance of the EDX testing; this new information may require modification of the initial study design to include other unplanned procedures and may require consideration of different alternative diagnostic possibilities. The EDX evaluation is not just a standard “test” like an electrocardiogram (EKG). EKG testing involves only recording techniques performed by a set protocol and is routinely delegated to nonphysician technical personnel for later interpretation by the physician. The EDX physician does not “read” needle EMGs; he or she is integrally involved in performing a detailed study.

EDX studies are individually designed by the EDX physician for each patient. The examination design is dynamic and often changes during the course of the study in response to new information obtained. The accuracy of needle EMG testing is dependent on the skill of the examiner. The diagnostic interpretation of the needle EMG examination takes place during the performance of the test. Thus, this evaluation constitutes the practice of medicine. For these reasons, it is the position of the AANEM, along with the American Medical Association, the American Academy of Neurology, the American Academy of Physical Medicine and Rehabilitation, and the Department of Veterans Affairs (Veteran’s Administration), the state legislatures of New Jersey and Michigan, as well as many state medical boards, that only physicians (MD or DO) should perform needle EMG examinations.

EDX physicians receive training during residency and/or in special EDX fellowships after residency devoted to the performance of these studies and their interpretation. Knowledge of EDX medicine is necessary to pass the

board examinations given by the American Board of Physical Medicine and Rehabilitation and the American Board of Psychiatry and Neurology. In addition, there are two examinations specifically emphasizing EDX medicine that are available to physicians who are qualified by training and experience: The American Board of Electrodiagnostic Medicine examination and the American Board of Psychiatry and Neurology’s subspecialty certification in Clinical Neurophysiology examination.

For these reasons, the AANEM has traditionally held the position that the only person who can responsibly determine the appropriate tests to investigate a particular patient’s clinical symptoms is the physician performing the EDX evaluation. The AANEM recognizes, however, that there is potential for overuse of some EDX procedures by individual providers and that judgments and decisions must be made regarding reimbursement policies for EDX testing. The approach of establishing limits on the number of procedures reimbursed per diagnostic category is fraught with difficulty.

A large number of limits are needed since there are many diagnostic categories. There is little relevant scientific literature on such limits; therefore, alternative approaches are preferable. For example, the peer-review mechanism can be triggered when patterns of EDX test utilization significantly and consistently exceed regional norms (for example, utilization of EDX testing above the 90% level).

This latter approach effectively limits abuse while still permitting the physician the latitude to use his or her best clinical judgment in evaluating the patient in order to provide the best, most cost-efficient patient care. It is the AANEM’s desire that this model policy will be given serious consideration when revisions are made to reimbursement policies, so that policies recognize the high standards of practice currently existing in the medical community.

Indications

EDX testing is used to evaluate the integrity and function of the peripheral nervous system (most cranial nerves, spinal roots, plexi, and nerves), NMJ, muscles, and the central nervous system (brain and spinal cord). EDX testing is performed as part of an EDX evaluation for diagnosis or as follow-up of an existing condition. EDX studies can provide information to:

1. Identify normal and abnormal nerve, muscle, motor or sensory neuron, and NMJ functioning.
2. Localize region(s) of abnormal function.

3. Define the type of abnormal function.
4. Determine the distribution of abnormalities.
5. Determine the severity of abnormalities.
6. Estimate the date of a specific nerve injury.
7. Estimate the duration of the disease.
8. Determine the progression of abnormalities or of recovery from abnormal function.
9. Aid in diagnosis and prognosis of disease.
10. Aid in selecting treatment options.
11. Aid in following response to treatment by providing objective evidence of change in NM function.
12. Localize correct locations for injection of intramuscular agents (e.g., botulinum toxin).

Current Procedural Terminology Codes in Electrodiagnostic Medicine

This document applies to the following CPT codes:

Code: Descriptor

51785: Needle electromyography (EMG) studies of anal or urethral sphincter, any technique
 51792: Stimulus evoked response (e.g., measurement of bulbocavernosus reflex latency time)
 95860: Needle electromyography; one extremity, with or without related paraspinal areas
 95861: Needle electromyography; two extremities, with or without related paraspinal areas
 95863: Needle electromyography; three extremities, with or without related paraspinal areas
 95864: Needle electromyography; four extremities, with or without related paraspinal areas
 95865: Needle electromyography; larynx
 95866: Needle electromyography; hemidiaphragm
 95867: Needle electromyography; cranial nerve supplied muscle(s), unilateral
 95868: Needle electromyography; cranial nerve supplied muscles, bilateral
 95869: Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
 95870: Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
 95872: Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
 95873: Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
 95874: Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

95900: Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study
 95903: Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study
 95904: Nerve conduction, amplitude and latency/velocity study, each nerve; sensory (Use the List of Nerves on pages 15 and 16 to properly code 95900, 95903, and/or 95904)
 95905: Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report
 95920: Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)
 95921: Testing of autonomic nervous system function; cardiovagal innervation, (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
 95922: Testing of autonomic nervous system function; vasomotor adrenergic innervation, (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt
 95923: Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential.
 95925: Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
 95926: Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
 95927: Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
 95928: Central motor evoked potential study (transcranial motor stimulation); upper limbs
 95929: Central motor evoked potential study (transcranial motor stimulation); lower limbs
 95933: Orbicularis oculi (blink) reflex, by electrodiagnostic testing
 95934: H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle
 95936: H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle

95937: Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method

Acceptable Diagnostic Codes

The AANEM publishes a coding guide that contains ICD-9-CM codes of relevance to EDX medicine. Because EDX testing in some patients does not establish an etiologic diagnosis, any list of ICD-9-CM codes for EDX testing must include symptom codes (such as weakness, pain, or altered sensation), as well as codes for defined diseases.

CPT Codes 95900-95904: Nerve Conduction Studies Overview

1. NCSs (CPT codes 95900-95904) are performed to assess the integrity and diagnose diseases of the peripheral nervous system. Specifically, they assess the speed (conduction velocity, and/or latency), size (amplitude), and shape of the response. Pathological findings include conduction slowing, conduction block, no response, and/or low amplitude response. NCS results can assess the degree of demyelination and axon loss in the segments of the nerve studied. This portion of the EDX evaluation is performed by the physician alone or by a trained allied health professional under direct supervision of a physician trained in EDX medicine.

2. A typical NCS examination includes the following:

- a. Development of a differential diagnosis by the EDX physician, based upon appropriate history and physical examination.
- b. NCS of a number of nerves by recording and studying the electrical responses from peripheral nerves or the muscles they innervate, following electrical stimulation of the nerve. Usually surface electrodes are used for both stimulation and recording, though needle electrodes may be required in special cases.
- c. Completion of indicated needle EMG studies (see below) to evaluate the differential diagnosis and to complement the NCSs.

3. Motor, sensory, and mixed NCSs and late responses (F-wave and H-reflex studies) are frequently complementary and performed during the same patient evaluation.

4. Although the stimulation of nerves is similar across all NCSs, the characteristics of motor, sensory, and mixed NCSs are different and are discussed separately below. In each case, an appropriate nerve is stimulated and recording is made either from the appropriate nerves or from muscle supplied by the motor nerve.

- a. Motor NCSs (CPT codes 95900 and 95903) are performed by applying electrical stimulation at various points along the course of a motor nerve

while recording the electrical response from an appropriate muscle. Response parameters include amplitude, latency, configuration, and motor conduction velocity.

b. Sensory NCSs (CPT code 95904) are performed by applying electrical stimulation near a nerve and recording the response from a distant site along the nerve. Response parameters include amplitude, latency, configuration, and sensory conduction velocity.

c. Mixed NCS (CPT code 95904-this may still be used to code for mixed studies, even though the reference to “mixed” was dropped from the descriptor) are performed by applying electrical stimulation near a nerve containing both motor and sensory fibers (a mixed nerve) and recording from a different location along that nerve that also contains both motor and sensory nerve fibers. Response parameters include amplitude, latency, configuration, and both sensory and motor conduction velocity.

5. NCS reports should document the nerves evaluated, the distance between the stimulation and recording sites, the conduction velocity, latency values, and amplitude. The temperature of the studied limbs may be included. A final diagnosis, which, in some cases, may be a symptom diagnosis or a diagnosis of normal, is then made.

It is possible to include a hard copy of these studies as part of the medical chart; however, in most situations it does not add useful information to the report of the EDX physician. Requiring hard copy as a condition for reimbursement is generally unnecessary and burdensome. A legitimate reason to make a request for the hard copy of neurophysiological data is to permit an independent expert to review the original material to provide an independent interpretation of the findings. There are clinical (second opinion) and medical-legal (dispute over the diagnosis) situations in which this type of review is indicated, although there are limitations to later interpretation of the hard copy. Other reasons for requesting hard copy may be if questions of over-utilization are at issue, or significant concerns exist regarding fraud and abuse. Anyone requiring hard copy of neurophysiologic data must notify the physician ahead of time, as many physicians do not store this data.

6. The number of nerves tested should be the minimum necessary to address the clinical issue. In almost all studies, this will appropriately include evaluation of 1 or more nerves that have normal test results.

7. Because the EDX evaluation is tailored to the individual patient, it is inappropriate to identify set numbers of acceptable studies for a given diagnosis. However, practice parameters and professional

guidelines define general principles, and the AANEM's *The Electrodiagnostic Medicine Consultation* is useful in this regard. One mechanism for gauging utilization is to compare a practitioner's practice patterns against other physicians. Physicians who regularly (>10% of the time) differ from established norms might be asked to provide information about the characteristics of their patient population or practice style.

8. The CPT descriptor language, "Report 95900, 95903, and/or 95904 only once when multiple sites on the same nerve are stimulated or recorded" clarifies that "1 nerve" in the 3 nerve conduction CPT codes includes all different stimulation sites along the individual motor, sensory, or mixed nerves that are tested. To qualify as a single NCS refer to the List of Nerves at the end of the document. Each line on the list of nerves refers to a different nerve and should be billed as an individual unit. It is inappropriate to bill more than one unit for "inching" or studying the same nerve by moving the stimulating electrode closer to the recording electrode. It should be noted that most nerves have a contralateral counterpart; bilateral testing is often necessary for comparison purposes and the nerve on each side may be billed separately. In addition, motor (CPT code 95900 or 95903), sensory (CPT code 95904), and mixed sensory (CPT code 95904) studies on an individual nerve are appropriately carried out and billed separately.

9. CPT codes 95903 and 95900 may appropriately be billed together for the same patient on the same day of service when multiple nerves are tested, some with and some without F waves, because in that case they describe 2 distinct and independent services provided on the same day. However, CPT codes 95903 and 95900 cannot be billed together for the same nerve in a given patient on a given day. It is appropriate to add modifier -59 when billing 95900 and 95903 to indicate separate and distinct procedures on the same patient on the same day.

CPT Code 95905: Nerve Conduction with Preconfigured Electrode Array(s)

1. Technical and reporting aspects of NCSs described in items 1, 2, and 7 of the NCS Overview above apply to studies performed with preconfigured electrode array(s).

2. 95905 may be reported only once per limb studied and cannot be used in conjunction with codes for nerve conduction or H-reflex studies, as indicated in the parenthetical notes following code 95905.

CPT Codes 95860-95870: Needle Electromyography Overview

1. Needle EMG (CPT codes 95860-95870) is performed to exclude, diagnose, describe, and follow diseases of the peripheral nervous system and muscle. Needle EMG refers to the recording and study of electrical activity of muscle using a needle electrode. This portion of the EDX evaluation should always be performed by the physician.

2. A typical EMG examination includes the following:

a. Development of a differential diagnosis by the EDX physician, based upon appropriate history and physical examination.

b. Completion of indicated NCSs (see above) to evaluate the differential diagnosis and to complement the needle EMG studies.

c. Needle EMG testing of selected muscles. This is accomplished by inserting a needle electrode into appropriate muscles, one at a time. The needle electrode allows the muscle's electrical characteristics at rest and during activity to be interpreted by the EDX physician. This interpretation includes analysis of oscilloscope tracings and the characteristic sounds produced by electrical potentials. The final interpretation of the study is a synthesis by the EDX physician of the patient's history, physical examination, and the preceding and following portions of the study.

3. The muscles studied will vary depending upon the differential diagnosis and the ongoing synthesis of new information obtained by the EDX physician while the test is being performed.

4. Needle EMG studies are interpreted in real time, as they are being performed. Most electromyographic machines are unable to permanently copy the sounds produced during needle EMG testing. In addition, it is difficult and quite expensive to permanently copy needle EMG oscilloscope tracings. For this reason, these tracings should not be required.

5. Normal findings and abnormalities uncovered during the study are documented and interpreted. Needle EMG reports should document the muscles tested, and report the presence and type of spontaneous activity, as well as the characteristics of the voluntary unit potentials. A final diagnosis, which, in some cases, may be a symptom diagnosis or a diagnosis of normal, is made.

CPT Codes 95860-95864: Extremity Needle Electromyography Studies

1. One unit of service, billed with any of the codes, 95860-95864 includes all muscles tested in a particular extremity or extremities, with or without related paraspinal muscles. In some instances, evaluation of the paraspinal musculature may either be contraindicated or not feasible. Some examples may include but are not limited to: (1) patients with disorders of coagulation or

on anticoagulation medications, (2) history of surgery in paraspinal muscles, (3) infection in the paraspinal muscle region, (4) patient refusal, (5) inability to position a ventilator-dependent patient, and (6) diagnosis of a condition which eliminates the need to evaluate paraspinal muscles.

The ultimate decision about the indication for paraspinal examination should be left to the EDX physician, as is the decision about what other muscles should be examined.

2. Only 1 unit of service of codes 95860-95864 may be reported per patient for a given examination.

3. CPT codes 95860-95864 should be used for reporting complete studies of the extremities. These codes require evaluation of extremity muscles innervated by 3 nerves (for example, radial, ulnar, median, tibial, peroneal, femoral, not sub-branches) or 4 spinal levels, with a minimum of 5 muscles studied per limb.

4. Codes 95860-95864 can appropriately be reported in combination with CPT code 95869 (Needle electromyography; thoracic paraspinal muscles) only if paraspinals between T3-T11 are studied. If this occurs in more than 20% of cases, the payer may wish to consult with the provider in order to better understand the necessity of performing both of these tests. CPT code 95869 may not be billed with CPT codes 95860-95864 if only T1 and/or T2 are studied when an upper extremity was also studied.

5. The physician's report should identify the muscles tested. Characteristics of the examination should be noted as described in the overview of needle EMG above.

CPT Code 95865: Needle Electromyography, Larynx1. CPT code 95865 is used to report needle examination of the larynx.

2. Because needle EMG of the larynx is typically performed bilaterally, modifier 50 should not be appended to 95865 for bilateral testing.

3. Modifier 52 should be reported for unilateral testing.

CPT Code 95866: Needle Electromyography, Hemidiaphragm1. CPT code 95866 is used to report needle examination of the diaphragm.

2. Modifier 50 should be appended to 95866 when testing is performed bilaterally.

CPT Codes 95867 and 95868: Needle Electromyography, Cranial Nerve Supplied Muscles

1. CPT code 95867 is used for the needle examination of 1 or more muscles supplied by cranial nerves on 1 side

of the body. CPT code 95868 is used for the needle examination of 1 or more muscles supplied by cranial nerves on both sides of the body. These 2 CPT codes should not be reported together.

2. The physician's report should identify the muscles tested. Characteristics of the examination should be noted as described in the overview of needle EMG above.

CPT Code 95869: Needle Electromyography; Thoracic Paraspinal Muscles

1. CPT code 95869 should be used when exclusively studying thoracic paraspinal muscles.

2. One unit can be billed, despite the number of levels studied or whether unilateral or bilateral.

3. Characteristics of the examination should be noted as described in the overview of needle EMG above.

CPT Code 95870: Needle Electromyography; Limited Study of Muscles in One Extremity or Non-limb (Axial) Muscles (Unilateral or Bilateral), Other Than Thoracic Paraspinal, Cranial Nerve Supplied Muscles, or Sphincters

1. Code 95870 is used for limited testing of specific muscles during an examination. This code should be used only when the muscles tested do not fit more appropriately under another CPT code.

2. Code 95870 can be billed at 1 unit per extremity. The code can also be used for muscles on the thorax or abdomen (unilateral or bilateral). One unit may be billed for studying cervical or lumbar paraspinal muscles (unilateral or bilateral), regardless of the number of levels tested.

3. Multiple units of CPT code 95870 may be billed in a single study. However, if an individual physician's practice pattern reveals that multiple units of this code are used in more than 20% of the provider's needle EMG studies, the payer may wish to consult with the provider in order to better understand the necessity of providing multiple units of this service. In such cases, peer review of this pattern may be appropriate.

4. The physician's report should identify the muscles tested. Characteristics of the examination should be noted as described in the overview of needle EMG above.

5. CPT code 95870 may be billed with 95860-95864 if a limited study is performed in conjunction with a full-limb.

CPT Code 95872: Single Fiber Electromyography

1. In single-fiber electromyography (SFEMG), a specially designed needle electrode is used to record and identify action potentials (APs) from individual muscle

fibers. These recordings are used to calculate the NM jitter and the muscle fiber density (FD). Jitter is the variability in time between activation of the motor nerve and generation of the muscle fiber AP, and reflects the normality of nerve-muscle transmission. Jitter may be assessed by measuring the time variability between APs from 2 muscle fibers in the same voluntarily activated motor unit, or by stimulating the motor axon and measuring the variability between stimulus and APs in the responding muscle fibers.

Normal jitter varies among muscles and among muscle fibers within individual muscles, but is generally in the range of 10 to 50 μ s. To determine if jitter is abnormally increased, statistical analysis is performed on the results from recordings from a population of muscle fibers within each tested muscle. When NM transmission is sufficiently abnormal that nerve activation produces no muscle AP, blocking is seen. Increased jitter, blocking, or both, may occur in a variety of conditions, including primary disorders of NM transmission.

2. FD is a measurement of the mean number of muscle fibers belonging to the same motor unit detected by the SFEMG electrode at a number of different insertion sites during voluntary activation of the motor unit.

3. Needle EMG should be performed in at least 1 clinically involved muscle before attributing pathologic jitter or blocking to a NM transmission disorder.

4. The results of jitter testing in each muscle are reported as the mean jitter among all pairs of APs recorded during voluntary activation (or the mean jitter of all APs recorded during axonal stimulation), the percentage of pairs (or APs) in which blocking was seen, and the percentage of pairs (or APs) in which jitter was normal. FD is reported as the mean number of muscle fibers per motor unit at 20 recording sites for each muscle tested.

5. Jitter and FD may be measured in 1 or more muscles depending on the condition being evaluated and the results of testing.

6. The physician's report should identify the muscles tested. Characteristics of the examination should be noted as described in the overview of needle EMG above, as well as specific discussion about the presence or absence of jitter and other abnormalities in the muscles tested.

CPT Codes 95873 and 95874: Electrical Stimulation and Needle Electromyography for Guidance in Conjunction with Chemodenervation

1. Electrical stimulation and needle EMG for guidance in conjunction with chemodenervation (CPT codes 95873 and 95874) can be medically necessary to determine the precise localization for needle placement before the drug

or biological is injected. Electrical stimulation or needle EMG should always be performed by the physician.

2. A typical electrical stimulation or needle EMG guidance procedure for chemodenervation includes the following:

a. Determine whether precise localization with electrical stimulation or needle EMG is medically necessary to facilitate delivery of the chemodenervation drug or biological to the appropriate target muscle sites.

b. Electrical stimulation localization. This is accomplished by having the physician attach the stimulating needle electrode and syringe containing the drug or biological to be injected to the stimulating apparatus. The target muscles are identified by anatomical surface markers and the needle is advanced through the skin. The stimulating apparatus is activated at low frequency and relatively high intensity, and the needle is relocated until muscle contraction is seen or palpated by the physician. The stimulus is decreased and the needle position is adjusted to achieve the maximal muscle contraction at that intensity. The procedure is repeated until a maximal muscle contraction is achieved at a minimal stimulus intensity.

c. Needle EMG localization. This is accomplished by having the physician attach a recording needle electrode and syringe containing the drug or biological to be injected together. The needle is advanced into the body and a small amount of the drug or biological is injected. The needle is advanced further to spread the drug or biological through the targeted muscle. The presence of persistent EMG motor unit activity confirms that the needle is in the muscle.

3. The electrical stimulation or needle EMG localization procedures may be repeated depending on the number of target muscle sites involved. It is appropriate to report multiple units of 95873 or 95874 when electrical stimulation or needle EMG involves more than one contiguous body part.

4. Codes 95873 and 95874 are add-on codes that should be reported in conjunction with chemodenervation codes 64612-64614, which are reported separately. Codes 95873 and 95874 should not be reported in conjunction with needle electromyography procedure codes 95860-95870. Codes 95873 and 95874 should not be reported together.

CPT Code 51785: Needle Electromyography of Anal or Urethral Sphincter, Any Technique

1. Under specific circumstances in which there is suspicion of injury to the sacral roots of the spinal cord, separate study of the anal sphincter is required since this is the only muscle accessible to needle EMG

examination which receives its innervation through these roots. This testing may also be performed to assess the innervation and anatomic integrity of the sphincters.

2. In investigations of the function of the sacral roots, needle EMG study of the anal sphincter can be combined with electrically-elicited measurement of the bulbocavernosus reflex latency (CPT code 51792).

3. The physician's report should identify the muscles tested. Characteristics of the examination should be noted as described in the overview of needle EMG above.

Late Responses: H-Reflex and F-Wave Studies Overview

1. Late responses are performed to evaluate nerve conduction in portions of the nerve more proximal (near the spine) and, therefore, inaccessible to direct assessment using conventional techniques. Electrical stimulation is applied on the skin surface near a nerve site in a manner that sends impulses both proximally and distally. Characteristics of the response are assessed, including latency.

2. F-wave and H-reflex studies provide information in the evaluation of radiculopathies, plexopathies, polyneuropathies (especially with multifocal conduction block or in suspected Guillain-Barré syndrome or chronic inflammatory demyelinating polyneuropathy), and proximal mononeuropathies. In some cases, they may be the only abnormal study.

3. The physician's report should identify the nerves evaluated and the F-wave and H-reflex characteristics, including latency.

CPT Codes 95934 and 95936: H-Reflex Studies

1. CPT codes 95934 and 95936 are defined as unilateral H-reflex study codes and are intended to be reported per study. Typically, only two H-reflex studies are performed in a given examination.

2. H-reflex studies usually must be performed bilaterally because symmetry of responses is an important criterion for abnormality. When a bilateral H-reflex study is performed, the entire procedure must be repeated, increasing examiner time and effort; there are no economies of scale in multiple H-reflex testing. A bilateral H-reflex study should be reported by appending modifier "-50 Bilateral Procedure," to the CPT code reported.

3. H-reflex studies usually involve assessment of the gastrocnemius/soleus muscle complex in the calf (CPT code 95934). Bilateral gastrocnemius/soleus H-reflex abnormalities are often early indications of spinal stenosis, or bilateral S1 radiculopathies.

4. In rare instances, H-reflexes need to be tested in muscles other than the gastrocnemius/soleus muscle, for

example, in the upper limbs. In conditions such as cervical radiculopathies or brachial plexopathies, an H-reflex study can be performed in the arm (flexor carpi radialis muscle). Other muscles that may be tested, although rarely, are the intrinsic small muscles of the hand and foot. These cases would be coded using CPT code 95936.

CPT Code 95903: Nerve Conduction Study With F-Wave Study

F-wave studies are billed in combination with the motor nerves that are examined (CPT code 95903). Although the set-up for an F-wave study is similar to the set-up for a motor NCS, the testing is performed separately from motor NCSs, utilizing different machine settings and separate stimulation to obtain a larger number of responses (at least 10).

1. The number of F-wave studies which need to be performed on a given patient depends on the working diagnosis and the EDX findings already in evidence. It may be appropriate in the same patient to perform some motor NCSs with an F wave and others without an F wave.

CPT Code 95933: Blink Reflexes Overview

1. The blink reflex (CPT code 95933) is an electrophysiologic analog of the corneal reflex. The latency of the responses, including side-to-side differences, can help localize pathology in the region of the fifth or seventh cranial nerves, or in the brainstem. The latencies and amplitudes of directly elicited facial motor responses should be determined to exclude a peripheral abnormality if the blink reflexes are abnormal.

2. Recordings should be made bilaterally with both ipsilateral and contralateral stimulation.

3. The report of this study should include the presence or absence of the R1 and R2 components on both sides and the latencies of recorded R1 and R2 components.

CPT Code 95937: Neuromuscular Junction Studies

Overview

1. Repetitive stimulation studies (CPT code 95937) are used to identify and to differentiate disorders of the NMJ. This test consists of recording muscle responses to a series of nerve stimuli (at variable rates), both before, and at various intervals after, exercise or transmission of high-frequency stimuli.

2. These codes may be used in association with motor and sensory NCSs of the same nerves and are reimbursed separately.

3. When this study is performed, the physician's report should note characteristics of the test, including the rate

of repetition of stimulations, and any significant incremental or decremental response.

CPT Codes 95925-95927: Somatosensory Evoked Potentials Overview

Somatosensory evoked potentials (SEPs) (CPT codes 95925, 95926, and 95927) are an extension of the EDX evaluation and can be used to test conduction in various sensory fibers of the peripheral and central nervous systems. SEPs may be used to assess the functional integrity of the central and peripheral sensory pathways.

Common diagnoses in EDX medicine where SEPs have demonstrated usefulness include but are not limited to the following: spinal cord trauma, subacute combined degeneration, nontraumatic spinal cord lesions (e.g., cervical spondylosis), multiple sclerosis, spinocerebellar degeneration, myoclonus, coma, and intraoperative monitoring of spinal cord, brainstem, and brain sensory tracts. Intraoperative SEP monitoring is indicated for selected spine surgeries in which there is a risk of additional nerve root or spinal cord injury. Indications for SEP monitoring may include, but are not limited to, complex, extensive, or lengthy procedures, and when mandated by hospital policy. However, intraoperative SEP monitoring may not be indicated for routine lumbar or cervical root decompression.

SEPs are noninvasive studies performed by repetitive submaximal stimulation of a sensory or mixed sensorimotor peripheral nerve and recording the averaged responses from electrodes placed over proximal portions of the nerve stimulated, plexus, spine, and scalp. Amplitude, peak, and interpeak latency measurements with side-to-side comparisons are used to assess abnormalities.

1. The SEP study codes are separated into upper and lower limbs. A maximum of two codes are to be submitted for all upper or lower limb studies performed on a given patient on a given day. SEP study codes are defined as bilateral studies. A unilateral study using CPT codes 95925, 95926, or 95927 should be reported with modifier “-52, Reduced Services.”

2. Depending on the clinical condition being investigated, several nerves in 1 extremity may have to be tested and compared with the opposite limb.

3. The physician’s SEP report should note which nerves were tested, latencies at various testing points, and an evaluation of whether the resulting values are normal or abnormal.

Autonomic Nervous System Function Testing Overview

The purpose of autonomic nervous system function testing is to determine the presence of autonomic dysfunction, the site of autonomic dysfunction, and the various autonomic systems which may be disordered.

CPT Code 95921: Cardiovagal Innervation

Cardiovagal innervation tests provide a standardized quantitative evaluation of vagal innervation to the heart (parasympathetic function). The responses are based on the interpretation of changes in continuous heart rate recordings in response to standardized maneuvers. Impairment occurs in autonomic failure due to diseases such as Shy-Drager syndrome, idiopathic orthostatic hypotension, diabetic neuropathy, and other neuropathies affecting autonomic nerves.

CPT Code 95922: Vasomotor Adrenergic Innervation

Vasomotor adrenergic innervation evaluates adrenergic innervation of the circulation and of the heart in autonomic failure due to diseases such as Shy-Drager syndrome, idiopathic orthostatic hypotension, diabetic neuropathy, and other neuropathies affecting autonomic nerves.

CPT Code 95923: Evaluation of Sudomotor Function

Sudomotor function can be evaluated using any of the following methods:

1. A quantitative sudomotor axon reflex test (QSART) is a noninvasive test that evaluates the integrity of the distal postganglionic sympathetic nerve fibers which may be impaired in diabetic and other neuropathies affecting autonomic nerves and in progressive autonomic disorders. This test involves the stimulation of sympathetic nerve fibers to the sweat glands at standard sites by the iontophoresis of acetylcholine and measuring the evoked sweat response by sudorimeters. The test is performed optimally on 1 forearm site and 3 sites on the lower extremities in order to determine the severity and distribution of the sympathetic deficit.

2. The silastic sweat imprint differs from QSART in that the recording is an imprint of the sweat droplets appearing as indentations on silastic material.

3. The thermoregulatory sweat test is a test of sympathetic nerves that supply the skin. The skin is dusted with an indicator powder which changes color when the patient sweats in response to raising the patient’s temperature by raising the ambient temperature in a heat cabinet.

4. Sympathetic peripheral autonomic skin (or surface) potentials (PASPs) are evoked by electrical stimulation (of the skin) and electric potential recordings are made over the palm and soles of the feet. The PASP change is

carried by autonomic nerve fibers and evaluates if these fibers are working normally.

5. When these evaluative tests are conducted, the physician's report should state which test(s) was/were conducted and whether the test results were normal or abnormal.

Maximum Number of Tests Necessary in 90% of Cases

Table 1, "Maximum Number of Studies," summarizes the AANEM's recommendations regarding a reasonable maximum number of studies per diagnostic category necessary for a physician to arrive at a diagnosis in 90% of patients with that final diagnosis. Each number in the "Maximum Number of Studies Table" represents 1 study or unit. The table is designed as a tool to identify outlier trends and prevent abuse and overutilization; it is not an absolute maximum threshold, and should not be used to automatically deny reimbursement over the maximum.

The maximum numbers, as shown in the table, are designed to apply to a diversity of practice styles, as well as practice types, including those at referral centers where more complex testing is frequently necessary. In simple, straightforward cases, fewer tests will be necessary. This is particularly true when results of the most critical tests are normal. In complex cases, the maximum numbers in the table will be insufficient for

the physician to arrive at a complete diagnosis. In cases where there are borderline findings, additional tests may be required to determine if the findings are significant.

The appropriate number of studies to be performed should be left to the judgment of the physician performing the EDX evaluation; however, in the small number of cases which require testing in excess of the numbers listed in the table (the AANEM estimates 10% of cases), the physician should be able to provide supplementary documentation to justify the additional testing. Such documentation should explain what other differential diagnostic problems needed to be ruled out in that particular situation.

Multiple diagnoses will be established by EDX testing in approximately 25% of patients. When multiple diagnoses are identified, the recommendations listed in Table 1 for a single diagnostic category do not apply.

It should be noted that in some situations it is necessary to test an asymptomatic contralateral limb to establish normative values for an individual patient. Normal values based on the general population alone are less sensitive than this approach, therefore restrictions on contralateral asymptomatic limb testing will reduce the sensitivity of EDX tests.

Table 1: Maximum Number of Studies Table

Indication	Needle EMG, CPT 95860- 95870	Nerve Conduction Studies, CPT 95900- 95904		Other Electrodiagnostic Studies, CPT 95934-95937	
		Motor NCS with and/or without F-wave	Sensory NCS	H-Reflex	Neuromuscular Junction Testing (Repetitive Stimulation)
Carpal Tunnel (unilateral)	1	3	4		
Carpal Tunnel (bilateral)	2	5	6		
Radiculopathy	2	3	2	2	
Mononeuropathy	1	3	3	2	
Polyneuropathy/Mononeuropathy Multiplex	3	4	4	2	
Myopathy	2	2	2		2
Motor Neuronopathy (e.g., ALS)	4	4	2		2
Plexopathy	2	4	6	2	
Neuromuscular Junction	2	2	2		3
Tarsal Tunnel Syndrome (unilateral)	1	4	4		
Tarsal Tunnel Syndrome (bilateral)	2	5	6		
Weakness, Fatigue, Cramps or Twitching (focal)	2	3	4		2
Weakness, Fatigue, Cramps or Twitching (general)	4	4	4		2
Pain, Numbness, or Tingling (unilateral)	1	3	4	2	
Pain, Numbness, or Tingling (bilateral)	2	4	6	2	

Carpal Tunnel Syndrome

For suspected carpal tunnel syndrome (CTS), bilateral median motor and sensory NCSs are often indicated. The studies in the contralateral asymptomatic limb serve as controls in cases where values are borderline and may establish the presence of bilateral CTS, which is a frequent finding. Two to 4 additional sensory or mixed NCSs can be compared to the median sensory NCSs to increase the diagnostic sensitivity of the testing. The additional sensory NCSs and an additional motor NCS (usually ulnar) are indicated to exclude a generalized neuropathy or multiple mononeuropathies.

If 2 sensitive sensory NCSs are performed at the beginning start, additional sensory testing on the same limb is rarely needed. For suspected bilateral CTS, bilateral median motor and sensory NCSs are indicated. Up to 2 additional motor and 2 additional sensory NCSs are often indicated. The extent of the needle EMG examination depends on the results of the NCSs and the differential diagnosis considered in the individual patient.

Additional testing may be indicated in patients with a differential diagnosis which includes peripheral neuropathy, cervical radiculopathy, brachial plexopathy, or more proximal median neuropathy.

Radiculopathy

A minimal evaluation for radiculopathy includes 1 motor and 1 sensory NCS and a needle EMG examination of the involved limb. However, the EDX testing can include up to 3 motor NCSs (in cases of an abnormal motor NCS, the same nerve in the contralateral limb and another motor nerve in the ipsilateral limb can be studied) and 2 sensory NCSs. Bilateral studies are often necessary to exclude a central disc herniation with bilateral radiculopathies or spinal stenosis or to differentiate between radiculopathy and plexopathy, polyneuropathy, or mononeuropathy. H reflexes and F waves can provide useful complementary information that is helpful in the evaluation of suspected radiculopathy and can add to the certainty of EDX information supporting a diagnosis of root dysfunction.

Radiculopathies cannot be diagnosed by NCS alone; needle EMG must be performed to confirm a radiculopathy. Therefore, these studies should be performed together by 1 physician supervising and/or performing all aspects of the study

Polyneuropathy/Mononeuropathy Multiplex

In order to characterize the nature of the polyneuropathy (axonal or demyelinating, diffuse or multifocal) and in order to exclude polyradiculopathy, plexopathy, neuronopathy, or multiple mononeuropathies, it may be necessary to study 4 motor and 4 sensory nerves, consisting of 2 motor and 2 sensory NCSs in 1 leg, 1 motor and 1 sensory NCS in the opposite leg, and 1 motor and 1 sensory NCS in 1 arm. H-reflex studies and F-wave studies from 2 nerves may provide additional diagnostic information. At least 2 limbs should be studied by a needle EMG examination. Studies of related paraspinal muscles are indicated to exclude some conditions such as polyradiculopathy.

Myopathy

To diagnose a myopathy, a needle EMG examination of 2 limbs is indicated. To help exclude other disorders such as polyneuropathy or neuronopathy, 2 motor and 2 sensory NCSs are indicated. Two repetitive motor nerve stimulation studies may be performed to exclude a disorder of NM transmission.

Motor Neuronopathy

In order to establish the diagnosis of motor neuronopathy (for example, amyotrophic lateral sclerosis [ALS or Lou Gehrig's disease]) and to exclude other disorders in the differential diagnosis, such as multifocal motor neuropathy or polyneuropathy, up to 4 motor nerves and 2 sensory nerves may be studied.

Needle EMG of up to 4 extremities (or 3 limbs and facial or tongue muscles) is often necessary to document widespread denervation and to exclude a myopathy. One repetitive motor nerve stimulation study may be indicated to exclude a disorder affecting NM transmission.

Plexopathy

To characterize a brachial plexopathy and to differentiate it from cervical radiculopathy and mononeuropathies, it is often necessary to study all major sensory and motor nerves that can be easily studied in both upper extremities (radial, median, ulnar, and medial and lateral antebrachial cutaneous sensory; radial, median, ulnar, and possibly axillary and musculocutaneous motor) and to perform a needle EMG examination in both upper extremities. To characterize the lumbosacral plexopathy and to differentiate it from lumbar radiculopathy and mononeuropathies, it is often necessary to study all major sensory and motor nerves that can be easily studied in both lower extremities (superficial peroneal and sural sensory; peroneal and posterior tibial motor) and to perform a needle EMG examination in both lower

extremities. F-wave studies in the motor nerves and soleus H reflexes also provide useful information.

Neuromuscular Junction

To demonstrate and characterize abnormal NM transmission, repetitive nerve stimulation studies should be performed in up to 2 nerves and SFEMG in up to 2 muscles. If any of these are abnormal, up to 2 motor and 2 sensory NCSs may be performed to exclude neuropathies that can be associated with abnormal NM transmission. At least 1 motor and 1 sensory NCS should be performed in a clinically involved limb, preferably in the distribution of a nerve studied with repetitive stimulation or SFEMG. At least 1 distal and 1 proximal muscle should be studied by a needle EMG examination to exclude a neuropathy or myopathy that can be associated with abnormal repetitive stimulation studies or SFEMG. At least 1 of the muscles should be clinically involved and both muscles should be in clinically involved limbs.

Timing of Testing After an Injury

In combination, NCSs and a needle EMG examination may be most helpful when performed several weeks after the injury has occurred. However, NCSs are often useful acutely after nerve injury, for example, if there is concern that a nerve has been severed. In fact, if studies are delayed, the opportunity to precisely identify the region of injury or to intervene may be lost. In some cases, even needle EMG testing performed immediately after a nerve injury may demonstrate abnormal motor unit action potential (MUAP) recruitment and/or provide baseline information that can be helpful to document preexisting conditions, date the injury, or serve as a baseline for comparison with later studies.

Because of the variability of different nerve injuries, a standard rule on the timing of EDX testing cannot easily be established and the AANEM does not have specific recommendations in this regard. In all instances, the AANEM encourages dialogue between physicians and payers and encourages the appropriate use of the physician's clinical judgment in determining when studies are most appropriately performed and what studies should be conducted.

Frequency of Electrodiagnostic Testing in a Given Patient

There are many clinical situations where good medical management requires repeat testing, such as in the following examples:

1. **Second diagnosis.** Where a single diagnosis is made on the first visit, but the patient subsequently develops a

new set of symptoms, further evaluation is required for a second diagnosis that treatment can begin.

2. **Inconclusive diagnosis.** When a serious diagnosis (e.g., ALS) is suspected but the results of the needle EMG/NCS examination are insufficient to be conclusive, follow-up studies are needed to establish or exclude the diagnosis.

3. **Rapidly evolving disease.** Initial EDX testing in some diseases may not show any abnormality (e.g., Guillain-Barré syndrome) in the first 1 to 2 weeks. An early diagnosis confirmed by repeat electrodiagnosis must be made quickly so that treatment can begin. Follow-up testing can be extremely useful in establishing prognosis and monitoring patient status.

4. **Course of the disease.** Certain treatable diseases such as polymyositis and myasthenia gravis follow a fluctuating course with variable response to treatment. The physician treating such patients needs to monitor the disease progress and the response to therapeutic interventions. The results of follow-up evaluations may be necessary to guide treatment decisions.

5. **Unexpected course or change in course of the disease.**

In certain situations, management of a diagnosed condition may not yield expected results or new, questionably related problems may occur (e.g., failure to improve following surgery for radiculopathy). In these instances, reexamination is appropriate.

6. **Recovery from injury.** Repeat evaluations may be needed to monitor recovery, to help establish prognosis, and/or to determine the need for and timing of surgical intervention (e.g., traumatic nerve injury).

Repeat EDX evaluation is therefore sometimes necessary and, when justifiable, should be reimbursed. Reasonable limits can be set concerning the frequency of repeat EDX testing per year in a given patient by a given EDX physician for a given diagnosis. The following numbers of tests per 12-month period per diagnosis per physician are acceptable:

1. **Two** tests for carpal tunnel-unilateral, carpal tunnel-bilateral, radiculopathy, mononeuropathy, polyneuropathy, myopathy, and NMJ disorders.

2. **Three** tests for motor neuronopathy and plexopathy. These limits should **not** apply if the patient requires evaluation by more than 1 EDX physician (i.e., a second opinion or an expert opinion at a tertiary care center) in a given year or if the patient requires evaluation for a second diagnosis in a given year.

Additional studies may be required or appropriate over and above these guidelines. In such situations, the reason for the repeat study should be included in the body of the report or in the patient's chart. Comparison with the

previous test results should be documented. This additional documentation from the physician regarding the necessity for the additional repeat testing would be appropriate. Repeat EDX testing should not be necessary in a 12-month period in 80% of all cases.

Minimum Standards

1. EDX testing should be medically indicated.
2. Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for “screening purposes” rather than diagnosis are not acceptable under this policy.
3. The number of tests performed should be the minimum needed to establish an accurate diagnosis.
4. NCSs should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed.
5. The needle EMG examination must be performed by a physician specially trained in EDX medicine, as these tests are simultaneously performed and interpreted. The EDX laboratory must have the ability to perform needle EMG. NCSs should not be performed without needle EMG except in unique circumstances. EMG and NCSs should be performed together in the same EDX evaluation when possible.
6. It is appropriate for only 1 attending physician to perform or supervise all of the components of the EDX testing (e.g., history taking, physical evaluation, supervision and/or performance of the EDX test, and interpretation) for a given patient and for all the testing to occur on the same date of service. The reporting of NCS and needle EMG study results should be integrated into a unifying diagnostic impression.
7. In contrast, dissociation of NCS and needle EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner.

Conclusion

Well written reimbursement policies will positively impact patient care. On the other hand, poorly written policies may lead to diagnostic judgments based on inadequate information. The quality of patient care will

suffer, the risk of patient injury will increase due to incorrect diagnosis, misdiagnosis, or improper treatment (e.g., unnecessary surgery), and the cost of medical care will escalate. In addition, underutilization of needed diagnostic testing may cost payers money. If the physician does not get the full information needed for proper diagnosis from an initial EDX evaluation because the evaluation is inadequate, the evaluation may need to be repeated in a more thorough manner with additional expense. It must also be emphasized that having to justify the reasons behind each CPT unit by separate narrative will be time consuming and expensive for physician and insurance carrier alike, and will not allow for efficient electronic claims submission.

Looking to the Future

Physicians expect that the development of practice parameters and outcome studies will profoundly influence the practice of medicine. Practice parameter documents, however, may contain hierarchical decision trees that recommend modification of the planned EDX testing during the performance of the study in response to the information obtained as the study proceeds. Such a dynamic study design does not readily lend itself to a reductionistic bottom-line approach to the number of EDX studies allowed to be reimbursed per diagnosis. The AANEM will utilize appropriate practice guidelines to update this policy.

The AANEM will provide additional input in the future to help organizations establish medically appropriate practice guidelines for EDX medicine from which new and improved coding and reimbursement policies could be developed.

Approved by the American Association of Neuromuscular & Electrodiagnostic

Medicine: September 1997; updated 1998, 1999, 2000, 2001, 2002, and 2004. Endorsed by the American Academy of Neurology: February 1998, February 2002, and June 2004.

Endorsed by the American Academy of Physical Medicine & Rehabilitation: June 1998, March 2002, and June 2004.

Codes 95900 and 95903 involve the following nerves:

I. Upper Extremity/Cervical Plexus/Brachial Plexus Motor Nerves

- A. Axillary motor nerve to the deltoid
- B. Long thoracic motor nerve to the serratus anterior
- C. Median nerve
 - 1. Median motor nerve to the abductor pollicis brevis
 - 2. Median motor nerve, anterior interosseous branch, to the flexor pollicis longus
 - 3. Median motor nerve, anterior interosseous branch, to the pronator quadratus
 - 4. Median motor nerve to the first lumbrical
 - 5. Median motor nerve to the second lumbrical
- D. Musculocutaneous motor nerve to the biceps brachii
- E. Radial nerve
 - 1. Radial motor nerve to the extensor carpi ulnaris
 - 2. Radial motor nerve to the extensor digitorum communis
 - 3. Radial motor nerve to the extensor indicis proprius
 - 4. Radial motor nerve to the brachioradialis
- F. Suprascapular nerve
 - 1. Suprascapular motor nerve to the supraspinatus
 - 2. Suprascapular motor nerve to the infraspinatus
- G. Thoracodorsal motor nerve to the latissimus dorsi
- H. Ulnar nerve
 - 1. Ulnar motor nerve to the abductor digiti minimi
 - 2. Ulnar motor nerve to the palmar interosseous
 - 3. Ulnar motor nerve to the first dorsal interosseous
 - 4. Ulnar motor nerve to the flexor carpi ulnaris
- I. Other

II. Lower Extremity Motor Nerves

- A. Femoral motor nerve to the quadriceps
 - 1. Femoral motor nerve to vastus medialis
 - 2. Femoral motor nerve to vastus lateralis
 - 3. Femoral motor nerve to vastus intermedius
 - 4. Femoral motor nerve to rectus femoris.
- B. Iliotibial motor nerve
- C. Peroneal nerve
 - 1. Peroneal motor nerve to the extensor digitorum brevis
 - 2. Peroneal motor nerve to the peroneus brevis
 - 3. Peroneal motor nerve to the peroneus longus
 - 4. Peroneal motor nerve to the tibialis anterior
- D. Plantar motor nerve
- E. Sciatic nerve

- F. Tibial nerve
 - 1. Tibial motor nerve, inferior calcaneal branch, to the abductor digiti minimi
 - 2. Tibial motor nerve, medial plantar branch, to the abductor hallucis
 - 3. Tibial motor nerve, lateral plantar branch, to the flexor digiti minimi brevis
- G. Other

II. Cranial Nerves and Trunk

- A. Cranial nerve VII (facial motor nerve)
 - 1. Facial nerve to the frontalis
 - 2. Facial nerve to the nasalis
 - 3. Facial nerve to the orbicularis oculi
 - 4. Facial nerve to the orbicularis oris
- B. Cranial nerve XI (spinal accessory motor nerve)
- C. Cranial nerve XII (hypoglossal motor nerve)
- D. Intercostal motor nerve
- E. Phrenic motor nerve to the diaphragm
- F. Recurrent laryngeal nerve
- G. Other

IV. Nerve Roots

- A. Cervical nerve root stimulation
 - 1. Cervical level 5 (C5)
 - 2. Cervical level 6 (C6)
 - 3. Cervical level 7 (C7)
 - 4. Cervical level 8 (C8)
- B. Thoracic nerve root stimulation
 - 1. Thoracic level 1 (T1)
 - 2. Thoracic level 2 (T2)
 - 3. Thoracic level 3 (T3)
 - 4. Thoracic level 4 (T4)
 - 5. Thoracic level 5 (T5)
 - 6. Thoracic level 6 (T6)
 - 7. Thoracic level 7 (T7)
 - 8. Thoracic level 8 (T8)
 - 9. Thoracic level 9 (T9)
 - 10. Thoracic level 10 (T10)
 - 11. Thoracic level 11 (T11)
 - 12. Thoracic level 12 (T12)

List of Nerves with Added Specificity

Appendix A

- C. Lumbar nerve root stimulation
 - 1. Lumbar level 1 (L1)
 - 2. Lumbar level 2 (L2)
 - 3. Lumbar level 3 (L3)
 - 4. Lumbar level 4 (L4)
 - 5. Lumbar level 5 (L5)
- D. Sacral nerve root stimulation
 - 1. Sacral level 1 (S1)
 - 2. Sacral level 2 (S2)
 - 3. Sacral level 3 (S3)

4. Sacral level 4 (S4)

- B. Greater auricular nerve
- C. Ophthalmic branch of the trigeminal nerve
- D. Pudendul sensory nerve
- E. Suprascapular sensory nerves
- F. Other

Code 95904 involves the following nerves:

I. Upper Extremity Sensory and Mixed Nerves

- A. Lateral antebrachial cutaneous sensory nerve
- B Medial antebrachial cutaneous sensory nerve
- C. Medial brachial cutaneous sensory nerve
- D. Median nerve
 - 1. Median sensory nerve to the 1st digit
 - 2. Median sensory nerve to the 2nd digit
 - 3. Median sensory nerve to the 3rd digit
 - 4. Median sensory nerve to the 4th digit
 - 5. Median palmar cutaneous sensory nerve
 - 6. Median palmar mixed nerve
- E. Posterior antebrachial cutaneous sensory nerve
- F. Radial sensory nerve
 - 1. Radial sensory nerve to the base of the thumb
 - 2. Radial sensory nerve to digit 1
- G. Ulnar nerve
 - 1. Ulnar dorsal cutaneous sensory nerve
 - 2. Ulnar sensory nerve to the 4th digit
 - 3. Ulnar sensory nerve to the 5th digit
 - 4. Ulnar palmar mixed nerve
- H. Intercostal sensory nerve
- I Other

*This list has also been published in the American Medical Association's *CPT® Codebook*.

II. Lower Extremity Sensory and Mixed Nerves

- A. Lateral femoral cutaneous sensory nerve
- B. Medial calcaneal sensory nerve
- C. Medial femoral cutaneous sensory nerve
- D. Peroneal nerve
 - 1. Deep peroneal sensory nerve
 - 2. Superficial peroneal sensory nerve, medial dorsal cutaneous branch
 - 3. Superficial peroneal sensory nerve, intermediate dorsal cutaneous branch
- E. Posterior femoral cutaneous sensory nerve
- F. Saphenous nerve
 - 1. Saphenous sensory nerve (distal technique)
 - 2. Saphenous sensory nerve (proximal technique)
- G. Sural nerve
 - 1. Sural sensory nerve, lateral dorsal cutaneous branch
 - 2. Sural sensory nerve
- H. Tibial sensory nerve (digital nerve to toe 1)
- I. Tibial sensory nerve (medial plantar nerve)
- J. Tibial sensory nerve (lateral plantar nerve)
- K. Other

III. Head and Trunk Sensory Nerves

- A. Dorsal nerve of the penis

CHAPTER 5

SOMATOSENSORY EVOKED POTENTIALS: CLINICAL USES

Introduction.....	S111
Brain and Brainstem.....	S111
Multiple Sclerosis.....	S111
Other Diseases of Myelin.....	S112
Hereditary System Degenerations.....	S112
Myoclonus.....	S112
Coma.....	S112
Intraoperative Indications.....	S112
Spinal Cord.....	S112
Spinal Cord Trauma.....	S112
Subacute Combined Degeneration.....	S113
Cervical Spondylosis and Myelopathy.....	S113
Syringomyelia.....	S113
Hereditary Spastic Paraplegia.....	S113
Metabolic Disorders.....	S113
Transverse Myelitis and Multiple Sclerosis.....	S113
Vascular Lesions.....	S113
Spinal Cord Tumors.....	S113
Myelomeningocele.....	S113
Tethered Cord Syndrome.....	S113
Spinal Cord Monitoring.....	S113
Ventral Rootlets and Roots.....	S114
Lumbosacral Root (Rootlet) Disease: Radiculopathy and Lumbar Stenosis.....	S114
Thoracic Root Disease.....	S114
Cervical Root Diseases.....	S114
Peripheral Nervous System.....	S114
Peripheral Neuropathy.....	S114
Focal Neuropathy.....	S115
Plexopathy.....	S115
Surgical Neuromonitoring.....	S115
Conclusion.....	S115

CHAPTER 5

SOMATOSENSORY EVOKED POTENTIALS: CLINICAL USES

INTRODUCTION

Evoked potentials (EPs) are time-locked responses of the nervous system to external stimuli. Somatosensory evoked potentials (SEPs) are one type of EP, which are generated by stimulation of afferent peripheral nerve fibers elicited by electrical, tactile, or other stimuli. Following either mixed nerve or sensory nerve stimulation, SEPs can be recorded over more proximal portions of the peripheral and central nervous system including peripheral nerves, spinal cord, and/or brain. By stimulating the skin in various dermatomal areas, an SEP may also be recorded (dermatomal SEP or DSEP).

“Short-latency” SEP refers to that portion of the waveform of an SEP normally occurring within 25 ms after stimulation of upper limb nerves, 40 ms after stimulation of the peroneal nerve, or 50 ms after stimulation of the tibial nerve. “Long-latency” SEP refers to that portion of the waveform recorded after 100 ms following stimulation; “mid-latency” SEP refers to the portion of the waveforms occurring between those 2 time periods.¹

SEPs may be useful in studying disorders of the brain and brainstem, spinal cord, dorsal roots, and peripheral nerves. The exact sites of stimulation, and the number of nerves/roots tested is dependent upon the clinical problem presented and the information desired. When possible, recordings should be made from peripheral nerves and over the spinal cord, as well as from the scalp. In order to identify the best cortical waveform, multiple scalp montages are frequently required. In most cases, bilateral recordings are appropriate. At times, special montages may be required.

Developed by the American Association of Electrodiagnostic Medicine's (AAEM) Somatosensory Evoked Potentials Subcommittee: Chair: George H. Kraft, MD, MS; Members: Michael J. Aminoff, MD, FRCP; Ernest M. Baran, MD; William J. Litchy, MD; and Walter C. Stolov, MD.

The AAEM would also like to acknowledge the help of the following: Andrew A. Eisen, MD; William W. Campbell, MD, MSHA; and Kevin R. Nelson, MD.

Key Words: *evoked potentials • intraoperative • spinal cord • neuropathy • plexopathy*

SEPs are often helpful in localizing the anatomic site of somatosensory pathway lesions. SEPs may be used to identify impaired conduction caused by axonal loss (which may result in a reduced amplitude or absent response) and/or demyelination (which may produce prolonged or absent waveforms).

SEP abnormalities are not disease specific, but can indicate afferent conduction impairments associated with certain disorders. SEPs are useful in identifying clinically inapparent abnormalities and lesions causing only vague or equivocal signs or symptoms, and offer a noninvasive, often quantifiable, method of assessing known lesions. SEPs may also be useful in certain conditions in which the diagnosis is uncertain, by indicating involvement of central somatosensory pathways, as well as suggesting the type of involvement (e.g., demyelination).

In addition, SEPs are useful in confirming nonorganic sensory loss. In such cases, SEPs generated from stimulation of virtually any “numb” area may be compared to recordings obtained from asymptomatic contralateral stimulation.

BRAIN AND BRAINSTEM

SEP abnormalities may occur in conditions impairing the somatosensory pathways in the brain and brainstem, including both diffuse and focal disorders. Some of the conditions in which SEP testing provides useful clinical information are discussed below.

Multiple Sclerosis

SEP abnormalities, reflecting pathology in the brain or spinal cord, are present in up to 90% of patients with definite multiple sclerosis (MS) and in approximately 50% of MS patients without current sensory signs or symptoms.¹⁰ Lower limb (e.g., tibial) SEPs are more likely to be abnormal than upper limb (e.g., median) SEPs.⁸¹ However, both upper and lower limb SEP testing are often indicated because patients may demonstrate abnormalities in only one of these regions.

The most frequently observed SEP change in MS is the prolongation of central latencies. Amplitude reductions or absence of responses may also be seen. SEP abnormalities in MS are sometimes detected only in montages that selectively record subcortically generated potentials, which are more easily recorded following median nerve stimulation than posterior tibial nerve stimulation.

Other Diseases of Myelin

Other diseases affecting myelin, such as adrenoleukodystrophy,²⁹ adrenomyeloneuropathy,⁹² metachromatic leukodystrophy,⁹⁰ and Pelizaeus-Merzbacher disease¹⁸ also produce SEP abnormalities. In adrenoleukodystrophy and adrenomyeloneuropathy, SEPs may be abnormal in asymptomatic heterozygotes.

Hereditary System Degenerations

Many patients with Friedreich's ataxia have abnormal SEPs, demonstrating delayed central conduction or absent short-latency scalp responses.⁴² Similar abnormalities are found in patients with disorders such as hereditary cerebellar ataxias and hereditary spastic paraparesis.⁶⁵

Myoclonus

SEPs are useful in classifying the type or origin of myoclonus. Abnormally high amplitude SEPs, reflecting enhanced cortical excitability, have been reported in patients with cortical myoclonus.³⁴ These findings are observed in progressive myoclonic epilepsy, late infantile ceroid lipofuscinosis, and in some patients with photosensitive epilepsy.⁴⁵

Coma

EPs are useful in evaluating comatose patients in whom the scope of neurological examination is often limited or pharmacologic paralysis is confounding. Although they are sensitive to lesions impinging on the afferent sensory pathways, mixed nerve SEPs are affected only minimally by the patient's level of arousal. SEP abnormalities in the comatose patient can, therefore, be interpreted as reflecting specific lesions affecting neural pathways independent of the comatose state, per se. Caution should be exercised when interpreting SEPs in patients on neurosuppressive medications.

Bilateral SEPs may provide prognostic information in patients with severe cerebral injury resulting in coma.^{6,17,27,39,60} Following severe cerebral injury, absence of both right and left cortical response to median nerve stimulation is a dependably poor prognostic sign. Patients in whom there is unilateral preservation of the initial cortical response, however, may still have functional recovery.³²

Intraoperative Indications

SEPs can be used to localize the Rolandic fissure, facilitating intraoperative identification of the sensory and motor cortices. This is important clinically in order to avoid excision of the motor cortex, which would be likely to produce clinical deficits.^{58,59} Similarly, the primary sensory cortex within the interhemispheric fissure may be identified using cortical SEPs following posterior tibial nerve stimulation. SEPs are also used in some medical centers to monitor for cerebral ischemia during vascular surgery or surgery following aneurysmal subarachnoid hemorrhage.^{28,37,53,63,79,87} In addition, SEPs can be used for functional localization of the thalamus prior to thalamotomy.

SPINAL CORD

In many of the disorders affecting the ascending pathways of the spinal cord (e.g., MS), abnormal findings may be recorded over the spinal cord. Where possible, it is useful to record ascending potentials at appropriate standardized sites over the spinal cord, as well as over the somatosensory cortex. This is technically more feasible in children or young people than in older persons, and in slender persons than in obese persons. Spinal recordings can be obtained with mixed nerve or sensory nerve stimulation, but not with dermatomal stimulation.

Spinal Cord Trauma

The scalp SEP is absent in complete spinal cord injuries when stimulating a nerve below the level of injury, while the SEP is normal or shows a variety of abnormalities in incomplete spinal cord injury.^{70,74} Segmental SEPs have been used to localize sensory levels in traumatic cervical spinal cord injury.⁵⁷ SEPs have also been shown to have prognostic value in functional outcome of acute spinal cord injury.^{41,55,103}

Subacute Combined Degeneration

Short- and mid-latency SEP abnormalities have been found in upper- and lower-limb stimulation in patients with vitamin B₁₂ deficiency.^{26,51} EP delays generally correlate with the degree of neurological dysfunction, although some abnormalities may be present without clinical evidence of involvement.

Cervical Spondylosis and Myelopathy

Upper- and lower-limb SEPs may be helpful in assessing cervical spondylosis when spinal cord compression is present.¹⁰⁰ SEPs appear to be more sensitive to sensory pathway involvement than clinical sensory testing in myelopathy; however, the correlation of SEPs with radiographic data may be poor.¹⁰¹ Additional montages may be required to obtain the most information about cervical spondylotic myelopathy.⁷¹

Syringomyelia

SEPs are useful in evaluating the effect of compression of the posterior columns in syringomyelia.⁷ Segmental (i.e., dermatomal [DSEP]) testing may be useful to help delineate the neurophysiologic boundaries of the syrinx.

Hereditary Spastic Paraplegia

Abnormal cervical SEPs to median nerve stimulation in hereditary spastic paraplegia with normal peripheral nerve conduction have been reported.⁹¹ These findings indicate selective degeneration of the centripetal processes derived from the dorsal root ganglion cells.

Metabolic Disorders

SEP abnormalities have been shown to be helpful in assessing peripheral and central sensory fibers in chronic renal failure⁷³ and in juvenile diabetes.¹³

Transverse Myelitis and Multiple Sclerosis

Spinal cord lesions may produce conduction slowing or block. SEPs elicited by stimulation below the level of the lesions can have prolonged latencies, low amplitudes, or absent responses.^{44,80} Lower-limb SEPs have a higher yield for detecting abnormalities in MS⁸¹ (see previous section: Brain and Brainstem).

Vascular Lesions

SEPs have been used to help clarify deficits in patients with vascular spinal cord lesions and arteriovenous malformations.⁸⁰ Abnormalities typically consist of low amplitude or absent responses, rather than prolonged latencies.⁴⁹

Spinal Cord Tumors

SEPs have been used for assessment of spinal cord tumors to determine the impairments in the various physiologic pathways. In addition, DSEP studies can help establish the boundaries of physiological unaffected neural tissue; this assists in surgical management.

Myelomeningocele

SEPs have been found useful in patients with myelomeningocele by providing information about physiologic and functional deficits.⁷⁷

Tethered Cord Syndrome

Posterior tibial SEPs have been shown to be sensitive indicators of neurological impairment in children and young adults with tethered cord syndrome.⁹⁸ Abnormalities in lumbar spine EPs, delayed or reduced amplitude scalp responses, and/or delays in central conduction have been documented.⁷⁵ The severity of the SEP responses correlates with the severity of both clinical and intraoperative findings. Changes in pre-operative versus postoperative SEPs correlate with functional outcome after untethering.

Spinal Cord Monitoring

In many medical centers, SEP monitoring during spinal surgery is the standard of practice. The purpose is to warn of physiologic compromise of the spinal cord or dorsal nerve roots in an anesthetized patient during scoliosis correction, fracture reduction surgery, or other procedures which might injure neural tissue. Change in waveforms is more reliable when recorded over the cord than over the scalp. The most commonly monitored procedures include surgery for scoliosis and surgery following spinal trauma (e.g., stabilization after cervical fracture).^{16,20,56,66} Intraoperative monitoring is not of proven benefit for routine lumbar or cervical laminectomy or fusion.

VENTRAL ROOTLETS AND ROOTS

SEP and DSEP techniques are still under evaluation for the study of root disease. In some limited situations, they can be useful in studying disorders peripheral to the spinal cord. Although initial evaluations of nerve root dysfunction were conducted using mixed nerve and sensory nerve SEP techniques, they were often not useful because they are never single root pathways.²⁵ More recent studies have indicated that sensory nerve SEPs and single root DSEPs may provide useful information about rootlet and root dysfunction.^{83,84,97} Since cutaneous afferent fibers are smaller in diameter (and therefore conduct more slowly) than the 1A afferent fibers stimulated in standard mixed nerve SEPs, specific reference data are required to analyze the values obtained. Sensory nerve SEP and DSEP latencies are longer than mixed nerve SEP latencies obtained over the same distance.^{69,83}

DSEPs have been used to evaluate acute radiculopathies.^{3,4,14,21,24,33,46,47,54,57,61,72,76,78,83,89} Generally speaking, these studies indicate that the yield obtained from DSEPs for acute radiculopathies in an otherwise healthy back is low compared to information obtained from the neurological examination, needle electromyography (EMG) and H-reflex studies.

Lumbosacral Root (Rootlet) Disease: Radiculopathy and Lumbar Stenosis

SEPs and DSEPs are generally not useful in the evaluation of acute radiculopathies, offering no more information than can be obtained by a careful clinical and needle electromyographic evaluation. For this reason, DSEP studies for acute lumbosacral radiculopathy are considered investigational at this time. In the assessment of chronic, multi-level multiple rootlet disease, such as that associated with lumbosacral spinal stenosis (LSSS) resulting in chronic compression of relatively long segments of dorsal rootlets, there is a greater physiologic rationale for expecting abnormal DSEPs.^{47,84,86,93} Preliminary data suggest that DSEPs and sensory nerve SEPs may be useful in defining the neurophysiologic deficits of LSSS and, therefore, potentially may be useful to direct further evaluation and treatment.^{84,97} Level-by-level waveforms may be absent, prolonged, and/or reduced in amplitude.

Thoracic Root Disease

While DSEPs may be used to evaluate chronic compressive syndromes at the lumbar and sacral root levels,

no data are available for their use in thoracic root disorders. Therefore, DSEP studies for the evaluation of thoracic root disease must be considered investigational at this time.

Cervical Root Diseases

Although the few studies of DSEP testing for cervical root disease report sensitivities in the range of 65% to 85%, specificities are poor. There is still controversy about whether or not they provide more useful information than does the clinical evaluation and needle EMG examination.^{14,54,78,89} Further research is needed to determine their clinical value.

PERIPHERAL NERVOUS SYSTEM

SEPs can be especially useful in assessing the peripheral nerves when severe peripheral nerve disease is present and nerve conduction study (NCS) techniques are inadequate, or when the afferent nerves to be studied present insurmountable technical difficulties.²

Peripheral Neuropathy

In generalized peripheral neuropathies, SEPs have been useful in measuring the afferent fiber conduction velocity of proximal segments and the presence of central responses when the peripheral responses were absent or low. SEPs have been used to evaluate a variety of peripheral nerve disorders, including hereditary neuropathies,^{8,12} diabetic neuropathy,^{9,64,102} inflammatory polyradiculoneuropathies,^{30,67,68,95} infectious disorders,⁶² and toxic neuropathies.⁵⁰ The value of SEPs for diagnostic purposes in peripheral nerve disease, particularly acute inflammatory demyelinating polyradiculoneuropathy (AIDP), is not yet established; some reports suggest they are valuable, if the results of conventional electrodiagnostic medicine (EDX) testing methods are normal.^{30,67,95}

In addition, SEPs may be useful in peripheral neuropathies with unobtainable peripheral sensory responses. In such circumstances, they may be the only means of obtaining information about the conduction velocity of peripheral afferent fibers. SEPs may also be helpful in the presence of focal lesions, or when it may be important to know if there are both central and peripheral abnormalities.

Focal Neuropathy

Focal nerve lesions,^{23,40} including entrapment neuropathies, have been studied using SEPs. Carpal tunnel syndrome, lateral femoral cutaneous neuropathy,³² medial and lateral plantar neuropathy,²² saphenous neuropathy,⁹⁴ intercostal neuropathy,¹⁹ and trigeminal neuropathy⁸⁵ are examples of focal nerve lesions that have been evaluated. These reports have not provided convincing evidence that SEPs provide information that cannot be better obtained with conventional NCS techniques.

Plexopathy

Several studies have reported using SEPs to evaluate brachial plexopathy.^{5,15} In patients with idiopathic brachial plexopathy, there appears to be little advantage over conventional EDX techniques (needle EMG and NCS) for diagnosis or localization. In traumatic plexopathies,^{35,36} however, SEPs may be useful for detecting superimposed root avulsion by identifying a pattern of preserved peripheral nerve action potentials and absent SEPs. SEPs have also been used to evaluate patients with neurogenic and nonneurogenic thoracic outlet syndrome.^{11,31,88,96,99} In general, SEPs do not provide additional information beyond that obtained from needle EMG and NCSs.

Surgical Neuromonitoring

Evidence of the utility of SEPs for monitoring the integrity of the peripheral nervous system during surgery is insufficient. Nevertheless, SEP techniques are useful for evaluating the integrity of very proximal peripheral nerve lesions where peripheral nerve recording methods may not be possible. In such cases, intrafield stimulation with SEP recording is essential for establishing whether continuity of afferent fibers is present through questionable regions of the peripheral nervous system.^{48,56,82} The sciatic nerve can be stimulated during hip surgery with SEP recording. This technique may be useful where peripheral nerve recordings are not feasible.⁵⁶

Intraoperative monitoring of the brachial and lumbosacral plexus may be valuable. By stimulation of individual components of the plexus, it may be possible to determine the roots that are in continuity with the spinal cord.^{35,38,43}

CONCLUSION

This summary of the various uses of SEPs is meant to outline the useful indications for these procedures. It is neither meant to serve as an exclusive indicator of recommended uses, nor as a comprehensive source of references. New research is constantly being conducted in this area and, as it is evaluated, indications may change. The physician is therefore urged to closely follow developments in this rapidly changing field.

DISCLAIMER

The review was undertaken by the AAEM at the request of members and third parties. This report is provided as an educational service of the AAEM. It is based on an assessment of the current scientific and clinical information. It is not intended to include all possible methods of care of a particular clinical problem, or all legitimate criteria for choosing to use a specific procedure. Neither is it intended to exclude any reasonable alternative methodologies. The AAEM recognizes that specific patient care decisions are the prerogative of the patient and his/her physician and are based on all of the circumstances involved. This statement was not written with the intent that it be used as a basis for reimbursement decisions.

**Approved by the American Association
of Electrodiagnostic Medicine: March 5, 1997.**

REFERENCES

1. AAEE: Glossary of terms in clinical electromyography. *Muscle Nerve* 1987; 10:G12, G18.
2. Aminoff MJ: Use of somatosensory evoked potentials to evaluate the peripheral nervous system. *J Clin Neurophysiol* 1987; 4:135-144.
3. Aminoff MJ, Goodin DS, Barbaro NM: Dermatomal somatosensory evoked potentials in unilateral lumbosacral radiculopathy. *Ann Neurol* 1985; 17:171-182.
4. Aminoff MJ, Goodin DS, Barbaro NM: Electrophysiologic evaluation of lumbosacral radiculopathies: Electromyography, late responses, and somatosensory evoked potentials. *Neurology* 1985; 35:1514-1518.
5. Aminoff MJ, Olney RK, Parry GJ, Raskin NH: Relative utility of different electrophysiologic techniques in the evaluation of the brachial plexus. *Neurology* 1988; 38:546-555.

Somatosensory Evoked Potentials: Clinical Uses

6. Anderson D, Bundlie S, Rockswold G: Multimodality evoked potentials in closed head trauma. *Arch Neurol* 1984; 41:369-374.
7. Anderson NE, Frith RW, Synek VM: Somatosensory evoked potentials in syringomyelia. *J Neurol Neurosurg Psychiatry* 1986; 49:1407-1410.
8. Aramideh M, Hoogendijk JE, Aalfs CM, Posthumus-Meyjes FE, DeVisser J, Ongerboer de Visser BW: Somatosensory evoked potentials, sensory nerve potentials and sensory nerve conduction in hereditary motor and sensory neuropathy type I. *J Neurol* 1992; 239:277-283.
9. Bartholomi L, Leili S, Negrin P: Somatosensory evoked potentials in diabetes type I. *Electromyogr Clin Neurophysiol* 1991; 31:43-46.
10. Chiappa K: Short-latency somatosensory evoked potentials: Interpretation, in Chiappa K (ed): *Evoked Potentials in Clinical Medicine*. New York, Raven Press, 1990, pp 400-407.
11. Chodroff G, Lee DJ, Honet JC: Dynamic approach in the diagnosis of thoracic outlet syndrome using somatosensory evoked responses. *Arch Phys Med Rehabil* 1985; 66:3-6.
12. Cosi V, Lombardi M, Zandrini C, Gerosa E, Calliceo R: Somatosensory evoked potentials in Charcot-Marie-Tooth disease. *Neurophysiol Clin* 1989; 19:359-365.
13. Cracco JB, Castells S, Mark E: Spinal somatosensory evoked potentials in juvenile diabetes. *Ann Neurol* 1984; 15:55-58.
14. D-Alpa F, Sallemi G, Triffiletti L: Cervical SEPs from radicular (digital) upper limb nerves stimulation. *Acta Neurol* 1986; 8:602-609.
15. Date ES, Rappaport M, Ortega HR: Dermatome somatosensory evoked potentials in brachial plexus injuries. *Clin Electroencephalogr* 1991; 22:236-249.
16. Dawson EG, Sherman JE, Kanim LE, Nuwer MR: Spinal cord monitoring. Results of the Scoliosis Research Society and the European Spinal Deformity Society Survey. *Spine* 1991; 16:S361-S364.
17. De Weerd A, Groeneveld C: The use of evoked potentials in the management of patients with severe cerebral trauma. *Acta Neurol Scand* 1985; 72:489-494.
18. DeMeirleir L, Taylor M, Logan W: Multimodal evoked potential studies in leukodystrophies in children. *Can J Neurol Sci* 1988; 15:26-31.
19. Dreyfuss P, Dumitru D, Prewitt-Buchanan L: Intercostal somatosensory evoked potentials. A new technique. *Am J Phys Med Rehabil* 1993; 72:144-150.
20. Ducker TB, Brown RH: *Neurophysiology and Standards of Spinal Cord Monitoring*. New York, Springer-Verlag, 1988.
21. Dumitru D, Dreyfuss P: Dermatome/segmental somatosensory evoked potential evaluation of L5/S1 unilateral/unilevel radiculopathies. *Muscle Nerve* 1996; 19:442-449.
22. Dumitru D, Kalantri A, Dierschke B: Somatosensory evoked potentials of the medial and lateral plantar and calcaneal nerves. *Muscle Nerve* 1991; 14:665-671.
23. Dumitru D, Maquis S: Posterior femoral cutaneous nerve neuropathy and somatosensory evoked potentials. *Arch Phys Med Rehabil* 1988; 69:44-45.
24. Dvonch V, Scarff T, Bunch WH, Smith D, Boscardin J, Lebarge H, Ibrahim K: Dermatome somatosensory evoked potentials: Their use in lumbar radiculopathy. *Spine* 1984; 9:291-293.
25. Eisen AA: *AAEE Minimonograph #19: The Somatosensory Evoked Potential*. Rochester, Minnesota, American Association of Electromyography and Electrodiagnosis, 1982: (Renamed American Association of Electrodiagnostic Medicine.)
26. Fine EJ, Hallett M: Neurophysiological study of subacute combined degeneration. *J Neurol Sci* 1980; 45:331-336.
27. Frank L, Murgiele T, Etheridge J Jr: Prediction of chronic vegetative state in children using evoked potentials. *Neurology* 1985; 35:931-934.
28. Friedman W, Chadwick G, Venhoeven F, Mahla M, Day A: Monitoring of somatosensory evoked potentials during surgery for middle cerebral artery aneurysms. *Neurosurgery* 1991; 29:83-88.
29. Garg B, Markand O, Demyer W, Warren C: Evoked response studies in patient with adrenoleukodystrophy and heterozygous relatives. *Arch Neurol* 1983; 40:356-359.
30. Gilmore RL, Nelson KR: SSEP and F-wave studies in acute inflammatory demyelinating polyradiculoneuropathy. *Muscle Nerve* 1989; 12:538-543.
31. Glover JL, Worth RM, Bendick PJ: Evoked responses in the diagnosis of the thoracic outlet syndrome. *Surgery* 1981; 89:86-93.
32. Goldie W: Brainstem auditory and short latency somatosensory evoked responses in brain death. *Neurology* 1981; 31:248-256.
33. Green J, Gildemeister R, Hazelwood C: Dermatomeally stimulated somatosensory cerebral evoked potentials in the clinical diagnosis of lumbar disc disease. *Clin Electroencephalogr* 1983; 14:152-160.
34. Hallett M, Chadwick D, Marsden C: Cortical reflex myoclonus. *Neurology* 1979; 29:1107-1125.
35. Hallikainen H, Partenen J, Mervala E: The importance of neurophysiologic evaluation of plexus brachial injury. *Electromyogr Clin Neurophysiol* 1993; 33:67-71.
36. Hashimoto T, Mitomo M, Hirabuki N, Miura T, Kawai R, Nakamura H, Kawai H, Oho K, Kozuka T: Nerve root avulsion of birth palsy: Comparison of myelography with CT myelography and somatosensory evoked potential. *Radiology* 1991; 178:841-845.
37. Haupt W, Horsch S: Evoked potential monitoring in carotid surgery. A review of 994 cases. *Neurology* 1992; 42:335-383.
38. Hickey C, Gugiono LD, Aglio LS, Mark JB, Son SL, Maddi R: Intraoperative somatosensory evoked potential monitoring predicts peripheral nerve injury during cardiac surgery. *Anesthesiology* 1993; 78:29-35.
39. Hume A, Cant B: Central somatosensory conduction after head trauma. *Ann Neurol* 1981; 10:411.
40. Ito J, Yamao S, Kameyama M: Analysis of somatosensory evoked potentials in peroneal palsy. *Acta Neurol Scand* 1987; 75:385-390.
41. Jacobs S, Sarlo F, Baran E, Herbison G, Ditunno J: Extensor carpi radialis recovery predicted by qualitative SEP and clinical examination in quadriplegia. *Arch Phys Med Rehabil* 1992; 73:790-793.
42. Jones P, Carroll W, Halliday A: Peripheral and central somatosensory nerve conduction in Charcot-Marie-Tooth disease and comparison with Friedreich's Ataxia. *J Neurol Sci* 1983; 61:135-146.
43. Jones SJ: Diagnostic and prognostic value of somatosensory evoked potentials in lesions of peripheral nerve and spinal cord. *Electroencephalogr Clin Neurophysiol* 1987; 39:297-301.
44. Jorg J, Dullberg W, Koeppen S: Diagnostic value of segmental somatosensory evoked potentials in cases with chronic progressive para- or tetraparesis syndromes, in Dourjon J, Mauguire F, Revol M (ed): *Clinical Application of Evoked Potentials in Neurology*. New York, Raven Press, 1982, pp 347-358.
45. Kakigi R, Shibasaki H: Generator mechanisms of giant somatosensory evoked potentials in cortical reflex myoclonus. *Brain* 1987; 110:1359-1375.
46. Katifi HA, Sedgwick EM: Somatosensory evoked potentials from posterior tibial nerve and lumbosacral dermatomes. *Electroencephalogr Clin Neurophysiol* 1986; 65:249-259.
47. Katifi HA, Sedgwick EM: Evaluation of the dermatome somatosensory evoked potentials in the diagnosis of lumbosacral root compression. *J Neurol* 1987; 50:1204-1210.
48. Kline DG, Hudson AR: *Nerve Injuries*. Philadelphia, WB Saunders, 1995.
49. Kraft GH, Janczakowski JJ, Slimp JC: Comparison of MRI and SEP in patients with MS and stroke. *J Clin Neurophysiol* 1993; 10(April):243.
50. Krarup-Hansen A, Fugleholm K, Helweg-Larsen S, Hauge EN, Scmalbruch H, Trojaborg W, Krarup C: Examination of distal involvement in cisplatin-induced neuropathy in man. An electrophysiological and histological study with particular

- reference to touch receptor function. *Brain* 1993; 116:1017-1041.
51. Krumholz A, Weiss HD, Goldstein PJ, Harris KC: Evoked responses in vitamin B12 deficiency. *Ann Neurol* 1981; 9:407-409.
52. Laguery A, Deliac MM, Deliac P, Durandea A: Diagnostic and prognostic value of electrophysiologic tests in meralgia paresthetica. *Muscle Nerve* 1991; 14:51-56.
53. Lam A, Manninm P, Ferguson G, Natau W: Monitoring electrophysiologic function during carotid endarterectomy. *Anesthesiology* 1991; 75:15-21.
54. Leblhuber F, Reisecker F, Boehm-Jurkovic H: Diagnostic value of different electrophysiologic tests in cervical disk prolapse. *Neurology* 1988; 38:1879-1881.
55. Li C, Houlden DA, Rowed DW: Somatosensory evoked potentials and neurological grades as predictors of outcome in acute spinal cord injury. *J Neurosurg* 1990; 72:600-609.
56. Loftus CM, Traynelis VC: *Intraoperative Monitoring Techniques in Neurosurgery*. New York, McGraw-Hill Inc, 1994.
57. Louis AA, Gupta P, Perkash I: Localization of sensory levels in traumatic quadriplegia by segmental somatosensory evoked potentials. *Electroencephalogr Clin Neurophysiol* 1985; 62:313-316.
58. Lueders H, Dinner D, Lesser R, Morris H: Evoked potentials in cortical localization. *J Clin Neurophysiol* 1986; 3:75-84.
59. Lueders H, Lesser R, Hahn J, Dinner D, Klem G: Cortical somatosensory evoked potentials in response to hand stimulation. *J Neurosurg* 1983; 58:885-894.
60. Lutschg J, Pfenninger J, Ludin H: BAEPs and early SEPs in neurointensively treated comatose children. *Am J Dis Child* 1983; 137:421-426.
61. Machida M, Asai T, Sato K, Toriyama S, Yamada T: New approach for diagnosis in herniated lumbosacral disc. Dermatoma somatosensory evoked potentials (DSEPs). *Spine* 1986; 11:380-384.
62. Moglia A, Zandrini C, Alfonsi E, Rondanelli EG, Bono G, Nappi G: Neurophysiological markers of central and peripheral involvement of the nervous system in HIV infection. *Clin Electroencephalogr* 1991; 22:193-198.
63. Momma F, Wang A, Symon L: Effects of temporary arterial occlusion on somatosensory evoked responses in aneurysm surgery. *Surg Neurol* 1987; 27:343-352.
64. Nakamura R, Noritake M, Hosoda Y, Kamakura K, Nagata N, Shibasaki H: Somatosensory conduction delay in central and peripheral nervous system of diabetic patients. *Diabetes Care* 1992; 15:532-535.
65. Nuwer M, Perlman S, Packwood J, Kark R: Evoked potential abnormalities in the various inherited ataxias. *Ann Neurol* 1983; 13:20-27.
66. Nuwer MR, Daube J, Fischer C, Schramm J, Yingling CD: Neuromonitoring during surgery. Report of an IFCN Committee. *Electroencephalogr Clin Neurophysiol* 1993; 87:263-276.
67. Olney RK, Aminoff MJ: Electrodiagnostic features of the Guillain-Barré syndrome: The relative sensitivity of different techniques. *Neurology* 1990; 40:471-475.
68. Parry GJ, Aminoff MJ: Somatosensory evoked potentials in chronic demyelinating peripheral neuropathy. *Neurology* 1987; 37:313-316.
69. Perlik S, Fisher MA, Dushyant VP, Slack C: On the usefulness of somatosensory evoked responses for the evaluation of lower back pain. *Arch Neurol* 1986; 43:907-913.
70. Perot PL, Vera CL: Scalp-recorded somatosensory evoked potentials to stimulation of nerves in the lower extremities and evaluation of patients with spinal cord trauma. *Ann NY Acad Sci* 1982; 388:359-368.
71. Restuccia D, Di Lazzaro V, Valeriani M, Aulisa L, Galli M, Tonali P, Mauguière F: The role of upper limb somatosensory evoked potentials in the management of cervical spondylotic myelopathy: Preliminary data. *Electroencephalogr Clin Neurophysiol* 1994; 92:502-509.
72. Rodriguez AA, Kanis L, Rodriguez AA: Somatosensory evoked potentials from dermatomal stimulation as an indicator of L5 and S1 radiculopathy. *Arch Phys Med Rehabil* 1987; 68:366-368.
73. Rossini PM, Treviso M, DiStefano E, DiPaolo B: Nervous impulse propagation along peripheral and central fibers in patients with chronic renal failure. *Electroencephalogr Clin Neurophysiol* 1983; 56:293-303.
74. Rowed DW, McLean JAG, Tator CH: Somatosensory evoked potentials in acute spinal cord injury: Prognostic value. *Surg Neurol* 1978; 9:203-210.
75. Roy MW, Gilmore R, Walsh JW: Evaluation of children and young adults with tethered spinal cord syndrome. Utility of spinal and scalp recorded somatosensory evoked potentials. *Surg Neurol* 1986; 26:241-248.
76. Scarff TB, Dallmann DE, Toleikis JR: Dermatoma somatosensory evoked potentials in the diagnosis of lumbar root entrapment. *Surg Forum* 1981; 32:489-491.
77. Scarff TB, Toleikis JR, Bunch WH, Parrish S: Dermatoma somatosensory evoked potentials in children with myelomeningocele. *Z Kinderchir Grenzgeb* 1979; 28:384-387.
78. Schimscheimer RJ, Ongerboer de Visser BW, Bour LJ: Digital nerve somatosensory evoked potentials and flexor carpi radialis H reflexes in cervical disc protrusion and involvement of the sixth or seventh cervical root: Relations to clinical and myelographic findings. *Electroencephalogr Clin Neurophysiol* 1988; 70:313-324.
79. Schramm J, Koht A, Schmidt G, Pechstein V, Taniguchi M, Fahlbusch R: Surgical and electrophysiological observations during clipping of 134 aneurysms with evoked potentials monitoring. *Neurosurgery* 1990; 26:61-70.
80. Schramm J, Oettle GJ, Pichert T: Clinical application of segmental somatosensory evoked potentials (SEP) - Experience in patients with non-space occupying lesions, in Barber C (ed): *Evoked Potentials*. Lancaster, MTP Press, 1980, pp 455-465.
81. Slimp JC, Janczakowski J, Seed MD, Kraft GH: Comparison of median and posterior tibial nerve somatosensory evoked potentials in ambulatory patients with definite multiple sclerosis. *Am J Phys Med Rehabil* 1990; 69:293-296.
82. Slimp JC, Kliot M: Electrophysiological monitoring: Peripheral nerve surgery, in Andrews RJ (ed): *Intraoperative Neuroprotection* Baltimore, Williams & Wilkins, 1996, pp 375-392.
83. Slimp JC, Rubner DE, Snowden ML: Dermatoma somatosensory evoked potentials: Cervical, thoracic, and lumbosacral levels. *Electroencephalogr Clin Neurophysiol* 1992; 84:55-70.
84. Snowden ML, Haselkorn J, Kraft GH, Bronstein A, Slimp J, Stolov W: Dermatoma somatosensory evoked potentials in lumbosacral spinal stenosis. *Muscle Nerve* 1992; 15:1036-1044.
85. Stechison MT: The trigeminal evoked potential: Part II, Intraoperative recording of short latency responses. *Neurosurgery* 1993; 33:639-643.
86. Stolov WC, Turella G, Slimp JC, Bigos SJ: Somatosensory evoked potentials (SSEPs) to mixed nerve and dermatoma stimulation and EMG in lumbar spinal stenosis. VII International Congress of Electromyography and Related *Clinical Neurophysiology* Sorrento, Italy, 1987.
87. Symon L, Momma F, Murota T: Assessment of reversible cerebral ischaemia in man: Intraoperative monitoring of somatosensory evoked response. *Acta Neurochir Suppl* 1988; 42:3-7.
88. Synek VM: Diagnostic importance of somatosensory evoked potentials in the diagnosis of the thoracic outlet syndrome. *Clin Electroencephalogr* 1986; 117:112-116.
89. Synek VM: Somatosensory evoked potentials after stimulation of digital nerves in upper limbs: Normative data. *Electroencephalogr Clin Neurophysiol* 1986; 65:460-463.
90. Takakura H, Nakano C, Kasagi S: Multimodality evoked potentials in progression of metachromatic leukodystrophy. *Brain Dev* 1985; 7:424-430.

Somatosensory Evoked Potentials: Clinical Uses

91. Thomas PK, Jeffreys JGR, Smith IS, Loulakakis D: Spinal somatosensory evoked potentials in hereditary spastic paraplegia. *J Neurol Neurosurg Psychiatry* 1981; 44:243-246.
92. Tobimatsu S, Fukui R, Kato M: Multimodality evoked potentials in patients and carriers with adrenoleukodystrophy and adrenomyeloneuropathy. *Electroencephalogr Clin Neurophysiol* 1985; 62:18-24.
93. Tokuhashi Y, Santoh K, Funami S: A quantitative evaluation of sensory dysfunction in lumbosacral radiculopathy. *Spine* 1991; 16:1321-1328.
94. Tranier S, Durey A, Chevailler B, Liot F: Value of somatosensory evoked potentials in saphenous entrapment neuropathy. *J Neurol Neurosurg Psychiatry* 1992; 55:461-465.
95. Vajsar J, Taylor MJ, MacMillan LJ, Murphy EG, Logan WJ: Somatosensory evoked potentials and nerve conduction studies in patients with Guillain-Barré syndrome. *Brain Dev* 1992; 14:315-318.
96. Veilleux M, Stevens JC, Campbell JK: Value of somatosensory evoked potentials in the diagnosis of thoracic outlet syndrome. *Muscle Nerve* 1986; 9:655-662.
97. Walk D, Fisher MA, Doundoulakis SH, Hemmati M: Somatosensory evoked potentials in the evaluation of lumbosacral radiculopathy. *Neurology* 1992; 42:1197-1202.
98. Yamada S, Knierim D, Yonekura M, Schultz R, Maeda G: Tethered cord syndrome. *J Am Paraplegia Soc* 1983; 6:58-61.
99. Yiannikas C, Walsh JC: Somatosensory evoked responses in the diagnosis of the thoracic outlet syndrome. *J Neurol Neurosurg Psychiatry* 1983; 46:234-240.
100. Yiannikas C, Shahani BT, Young RR: Short-latency somatosensory evoked potentials from radial, median and ulnar peroneal nerve stimulation in the assessment of cervical spondylosis: Comparison with conventional electromyography. *Arch Neurol* 1986; 42:1264-1271.
101. Yu YL, Jones SJ: Somatosensory evoked potentials in cervical spondylosis correlation of median, ulnar and posterior tibial nerve responses with clinical and radiological findings. *Brain* 1985; 108:273-300.
102. Ziegler D, Muhlen H, Gries F: Tibial somatosensory evoked potentials at various stages of peripheral neuropathy in insulin dependent diabetic patients. *J Neurol Neurosurg Psychiatry* 1993; 56:58-64.
103. Ziganow S: Neuromatic evaluation of the cortical somatosensory evoked potential in acute incomplete spinal cord injuries. *Electroencephalogr Clin Neurophysiol* 1986; 65:86-93.

Exhibit 26

DR. DARREN T. MOLLO, CHIROPRACTOR
1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

Page 1 of 5

INITIAL EXAMINATION

Patient: [REDACTED]

Exam Date: 1/17/19

DOB: [REDACTED]

DOA: 1/16/19

HISTORY and ADL's (Activity of Daily Living)

The patient is a (40) year-old (male/female) who presented to this office on (1/17/19) for treatment of injuries due to a (motor vehicle/work related) accident on (1/16/19). The patient was the (driver/front seat passenger/rear seat passenger/) on the right/ on the left/ in the middle/ pedestrian/ bicyclist). The patient (was/was not) wearing a seatbelt. At the moment of impact, the patient (lost consciousness/dazed/confused/dizzy) the patient (did/did not) struck their () against the (front seat/inside the car/steering wheel/front window/side window) the police (were/were not) on the scene. The patient was taken by (ambulance/private car) to (home). The patient was (examined/treated/received x-rays of the) given medications/other) and (released/ admitted for observation and released on).

The patient states that following the incident on (1/16/19) (he/she) immediately felt (head pain, neck pain, lower back pain, middle back pain, left/right shoulder pain, left/right knee pain, left/right ankle pain, left/right hand pain, left/right foot pain, left/right hip pain, other:).

THE PATIENT IS CURRENTLY FEELING ON THE DATE F THIS EXAM:

- Constant/intermittent headaches rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) located by the patient pointing (globally, frontal, left/right temporal, left/right occipital, left/right parietal). Constant/intermittent facial pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent jaw pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent dizziness rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent neck pain that is (stiff/stabbing/shooting/achy/sore) rated a 8 on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent middle back pain that is (stiff/stabbing/shooting/achy/sore) rated a 10 on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent lower back pain that is (stiff/stabbing/shooting/achy/sore) rated a 8 on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent left/right hip/ thigh/ buttock pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent left/right arm/ hand/ leg ankle foot pain that is (stiff/stabbing/shooting/achy/sore) rated a (8) on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent left/right shoulder pain that is (stiff/stabbing/shooting/achy/sore) rated a (8) on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent numbness/tingling/weakness that rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) in the .
- Other: .
- The patient denies/states they have bowel/bladder changes: .

03042014

DR. DARREN T. MOLLO, CHIROPRACTOR
1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

Page 2 of 5

PAST MEDICAL HISTORY OF THE PATIENT INCLUDES:

Hypertension controlled with medication/uncontrolled: _____
Diabetes controlled with medication/uncontrolled: _____
Heart disease controlled with medication/uncontrolled: _____
Cancer _____
Stroke: _____
High cholesterol controlled with medication/uncontrolled: _____
Prior injury in a motor vehicle accident on: _____
Other health condition: _____
Surgeries: _____
None

SOCIAL/WORK HISTORY INCLUDES:

The patient is single/married/divorced/widowed with _____ children/no children The patient smokes _____ packs per day/does not smoke and consumes alcohol/consumes alcohol socially/ never consumes alcohol. The patient lives in a private house/ apartment with steps only/ apartment with an elevator.

The patient states that the injuries and conditions have affected their ability to (sleep, sit, stand, walk, lay down, concentrate, get dressed, have intimate relations). The patient is unemployed/employed as a _____ and is currently working/not working due to the injuries and conditions and missed _____ days of work at the moment of this exam. The patient's work duties include bending/lifting/standing/sitting/climbing/reaching/repetitive movements/phone usage/desk work at a work station/other: _____

PHYSICAL EXAMINATION

THE FOLLOWING ORTHOPEDIC AND NEUROLOGICAL TESTS WERE POSITIVE:

Cervical ranges of motion were observed on (1/17/14) and were as follows:

		Results (% of Loss)					Location of Pain
Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100		
Extension	WNL	<u>1-25</u>	26-50	51-75	76-100		
Left Rotation	WNL	<u>1-25</u>	26-50	51-75	76-100		
Right Rotation	WNL	<u>1-25</u>	<u>26-50</u>	51-75	76-100		(R) C5
Left Lateral Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100		(R) C1-5 paraspinal
Right Lateral Flexion	WNL	<u>1-25</u>	<u>26-50</u>	51-75	76-100		pain between shoulders

Thoraco (T) - Lumbar (L) ranges of motion were observed (1/17/14) and were as follows

		Results (% of Loss)					Location of Pain
T-Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100		
T-Right Rotation	WNL	<u>1-25</u>	<u>26-50</u>	51-75	76-100		(R) L4-5, Sacrum
T-Left Rotation	WNL	<u>1-25</u>	26-50	51-75	76-100		
L-Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100		(R) paraspinal
L-Extension	WNL	<u>1-25</u>	26-50	51-75	76-100		
L-Right Lateral Flexion	WNL	<u>1-25</u>	<u>26-50</u>	51-75	76-100		
L-Left Lateral Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100		

Restricted/Painful extra-spinal joints at: _____

03042014

DR. DARREN T. MOLLO, CHIROPRACTOR
1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

Page 3 of 5

ORTHOPEDIC TEST (+ = positive findings; - = negative findings)

- ~~+~~ Soto Hall ~~R/L~~
- ~~+~~ Cervical compression on the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- ~~+~~ Maximum foraminal compression of the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- ~~+~~ Bakody's Sign Increase/Decrease neck pain, other: _____
- ~~+~~ Jackson's compression on the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- ~~+~~ Shoulder Depression R
- ~~+~~ George's test on the left/right/bilateral
- ~~+~~ Rautant's for arm swaying/body swaying
- ~~+~~ Kemp's test right/left/bilateral localized to L/R L4/5 /radiating to: _____
- ~~+~~ Ely's on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- ~~+~~ Nachlas on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- ~~+~~ Yeoman's the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- ~~+~~ Left SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- ~~+~~ Right SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- ~~+~~ R / L Patrick Fabres for L/R hip pain / low back pain/ other: _____

POSTURAL FINDINGS:

High Shoulder:	<u>R</u>	L	Level	_____
High Pelvis:	<u>R</u>	L	Level	_____
Head Carriage:	<u>Ant-Trans</u>	Post-Tans	Normal	_____
Cervical:	<u>Kyphotic</u>	Lordotic		_____
Thoracic:	<u>Kyphotic</u>	<u>Lordotic</u>		_____
Lumbar:	<u>Kyphotic</u>	<u>Lordotic</u>		_____
Short Leg:	R	L		_____

RESTRICTED JOINT MOTION:

C1 2 3 4 5 6 7 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 S1 LSI RSI

HYPERTONIC MUSCLES/TENDER/PAINFUL JOINTS:

Paraspinals	<u>C</u>	<u>T</u>	<u>L</u>	Trapezius	<u>R</u>	L	Other: _____
Gluteals	R	L		Quadratus Lumborum	R	L	
Iliopsoas	R	L		Levator Scapula	<u>R</u>	L	
TFL	R	L		Latissimus Dorsi	R	L	

03042014

DR. DARREN T. MOLLO, CHIROPRACTOR

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

Page 4 of 5

REFLEXES:

Bicep L	+1	2	3	4	5	Bicep R	+1	2	3	4	5
Tricep L	+1	2	3	4	5	Tricep R	+1	2	3	4	5
Radial L	+1	2	3	4	5	Radial R	+1	2	3	4	5
Patella L	+1	2	3	4	5	Patella R	+1	2	3	4	5
Achilles L	+1	2	3	4	5	Achilles R	+1	2	3	4	5

Cranial Nerves I-XII:

Babinski Reflex: + 0

Hoffman's Test: + 0

MUSCLE TESTING:

Arm Abd (C5/6)	R	L	Elbow Ext (C6/7/8)	R	L
Finger Abd (C8/T1)	R	L	Elbow Flex (C5/6)	R	L
Hip Flexion (L1-3)	R	L	Knee Ext (L2-4)	R	L
Leg Abd (L4-S1)	R	L	Foot Dorsiflex (L4/5)	R	L
Foot Plantar Flex (S1-2)	R	L			

X-RAYS/MRI NEURODIAGNOSTIC TESTING/OTHER: _____ is attached.

TREATMENT PLAN:

1. Chiropractic manipulative therapy on the order of (3 x's/week for 6-8 weeks)
2. Re-examination following the above treatment protocol
3. Orthopedist consult for: _____
4. Neurologist consult for: _____
5. Primary care physician consult for: Eval
6. Other physician referral: _____
7. Soft tissue therapy on the order of (_____ x's week for _____ weeks)
8. Electrical muscle stimulation/ TENS/Interferential current/~~Heat~~/Ice
9. Therapeutic exercises for office and home as prescribed
10. Lumbar support orthotic for stabilization and support of the lumbar spine (see medical necessity letter)
11. Cervical collar for stabilization and support of the cervical spine
12. TENS unit for home use and instruction
13. Referral for X-Rays of the C-Spine, T-Spine, L-Spine, other: _____
14. Referral for MRI of the C-Spine, T-Spine, L-Spine to R/O discogenic injury if symptoms persist for 3-4 weeks
15. Referral for Doppler study of the (carotid arteries/vertebral arteries) due to positive objective findings of _____ and symptoms of _____
16. Neuromuscular re-education of the _____
17. Small pain fiber studies of the cervical/lumbar spine to objectively evaluate for pathology to the A-delta, A-Beta, and C sensory nerve fibers.
18. Other: _____

03042014

DR. DARREN T. MOLLO, CHIROPRACTOR
1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

Page 5 of 5

DIAGNOSIS:

307.81	Tension Headache
346.90	Migraine Headache
353.0	Thor. Outlet Syndrome
524.64	TMJ sounds/opening and closing jaw
718.45	Contracture of joint pelvis/hip region
719.40	Pain in joint unspec.
719.51	Pain in joint of the shoulder
719.61	Other symptoms referable to shoulder region
721.0	Cervical spondylosis w/o myelopathy
721.1	Cervical spondylosis w/myelopathy
721.3	Lumbar spondylosis w/o myelopathy
721.7	Traumatic spondylosis
722.0	Cervical intervertebral disc displacement w/o myelopathy
722.10	Lumbar intervertebral disc displacement w/o myelopathy
722.4	Cervical disc degeneration
722.51	Lumbar disc degeneration
723.1	Cervicalgia
723.2	Cervical cranial syndrome
723.3	Cervical brachial syndrome
723.4	Cervical radiculitis
723.5	Torticollis

724.1	Thoracic pain
724.2	Lumbago
724.3	Sciatic
724.4	Lumbar radiculopathy
724.8	Facet syndrome
737.40	Curvature of spine-unspec.
739.1	Segmental joint dysfunction of the cervical spine
739.2	Segmental joint dysfunction of the thoracic spine
739.3	Segmental joint dysfunction of the lumbar spine
739.5	Segmental dysfunction of the hip/pelvis
756.12	Spondylolithesis
780.4	Dizziness
787.01	Nausea/vomiting
781.0	Muscle spasm
847.0	Cervical sprain/strain
847.1	Thoracic sprain/strain
847.2	Lumbar sprain/strain
848.3	Rib strain/sprain
908.9	Late effects of an injury
Other:	

Today, 1/17/14, treatment:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

DISABILITY STATUS

The patient is currently mildly/moderately/severely disabled and is unable to perform normal work duties due to the injury sustained on _____ as a result of an automobile accident/work related accident.

PROGNOSIS:

The patient has suffered a (% from ROM's) loss of motion in the cervical spine and a (%) in the thoraco-lumbar spine that has affected the patient's ADL's. The patient's prognosis is guarded/good/fair/poor at this time.

Cordially,



CHIROPRACTOR

03042014

DR. DARREN T. MOLLO, CHIROPRACTOR

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

Page 1 of 5

INITIAL EXAMINATION

Patient: [REDACTED]

Exam Date: 1/24/14

DOB: [REDACTED]

DOA: 1/23/14

HISTORY and ADL's (Activity of Daily Living)

The patient is a (19) year-old (male/female) who presented to this office on (1/24) for treatment of injuries due to a (motor vehicle/work related) accident on (1/23). The patient was the (driver/front seat passenger/rear seat passenger/ on the right/ on the left/in the middle/ pedestrian/ bicyclist). The patient (was/was not) wearing a seatbelt. At the moment of impact, the patient (lost consciousness/dazed/confused/dizzy) the patient (did/did not) struck their (head) against the (front seat/inside the car/steering wheel/front window/side window) the police (were/were not) on the scene. The patient was taken by (ambulance/private car) to (home). The patient was (examined/treated/received x-rays of the neck), given medications/other) and (released/admitted for observation and released on 1/24/14).

The patient states that following the incident on (1/24/14) (he/she) immediately felt (head pain, neck pain, lower back pain, middle back pain, left/right shoulder pain, left/right knee pain, left/right ankle pain, left/right hand pain, left/right foot pain, left/right hip pain, other:).

THE PATIENT IS CURRENTLY FEELING ON THE DATE OF THIS EXAM:

- Constant/intermittent headaches rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) located by the patient pointing (globally, frontal, left/right temporal, left/right occipital, left/right parietal).
- Constant/intermittent facial pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent jaw pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent dizziness rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent neck pain that is (stiff/stabbing/shooting/achy/sore) rated a (7) on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent middle back pain that is (stiff/stabbing/shooting/achy/sore) rated a (9) on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent lower back pain that is (stiff/stabbing/shooting/achy/sore) rated a (9) on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent left/right hip/ thigh/ buttock pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent left/right arm/ hand/ (leg) ankle foot pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent left/right shoulder pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to .
- Constant/intermittent numbness/tingling/weakness that rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) in the .
- Other: .
- The patient denies/states they have bowel/bladder changes: .

03052014

DR. DARREN T. MOLLO, CHIROPRACTOR
1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

Page 2 of 5

PAST MEDICAL HISTORY OF THE PATIENT INCLUDES:

Hypertension controlled with medication/uncontrolled: _____
 Diabetes controlled with medication/uncontrolled: _____
 Heart disease controlled with medication/uncontrolled: _____
 _____ Cancer
 Stroke: _____
 High cholesterol controlled with medication/uncontrolled: _____
 Prior injury in a motor vehicle accident on: _____
 Other health condition: _____
 Surgeries: _____
 (None)

SOCIAL/WORK HISTORY INCLUDES:

The patient is single/married/divorced/widowed with _____ children/no children. The patient smokes _____ packs per day/does not smoke and consumes alcohol/consumes alcohol socially/never consumes alcohol. The patient lives in a private house/ apartment with steps only/ apartment with an elevator.

The patient states that the injuries and conditions have affected their ability to (sleep, sit, stand, walk, lay down, concentrate, get dressed, have intimate relations). The patient is unemployed/employed as a _____ and is currently working/not working due to the injuries and conditions and missed _____ days of work at the moment of this exam. The patient's work duties include bending/lifting/standing/sitting/climbing/reaching/repetitive movements/phone usage/desk work at a work station/other: _____

PHYSICAL EXAMINATION**THE FOLLOWING ORTHOPEDIC AND NEUROLOGICAL TESTS WERE POSITIVE:**

Cervical ranges of motion were observed on (1/24/14) and were as follows:

		Results (% of Loss)				Location of Pain
Flexion	WNL	(1-25)	26-50	51-75	76-100	
Extension	WNL	(1-25)	26-50	51-75	76-100	(C) C5-7 facet
Left Rotation	WNL	1-25	(26-50)	51-75	76-100	
Right Rotation	WNL	(1-25)	26-50	51-75	76-100	(C) C1-2 paraspinal
Left Lateral Flexion	WNL	1-25	(26-50)	51-75	76-100	
Right Lateral Flexion	WNL	(1-25)	26-50	51-75	76-100	

Thoraco (T) – Lumbar (L) ranges of motion were observed (1/24/14) and were as follows

		Results (% of Loss)				Location of Pain
T-Flexion	WNL	(1-25)	26-50	51-75	76-100	
T-Right Rotation	WNL	(1-25)	26-50	51-75	76-100	(C) L5/S1, (C) SEPT
T-Left Rotation	WNL	(1-25)	26-50	51-75	76-100	
L-Flexion	WNL	(1-25)	26-50	51-75	76-100	(C) C1-2 paraspinal
L-Extension	WNL	(1-25)	26-50	51-75	76-100	
L-Right Lateral Flexion	WNL	(1-25)	26-50	51-75	76-100	
L-Left Lateral Flexion	WNL	1-25	(26-50)	51-75	76-100	

Restricted/Painful extra-spinal joints at: _____

03052014

DR. DARREN T. MOLLO, CHIROPRACTOR
1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

Page 3 of 5

ORTHOPEDIC TEST (+ = positive findings; - = negative findings)

- ☒ Soto Hall R/L
- ☒ Cervical compression on the left/right/bilateral radiating to _____ for L/R neck pain; L/R shoulder pain, other: _____
- ☒ Maximum foraminal compression of the left/right/bilateral radiating to _____ for L/R neck pain; L/R shoulder pain, other: _____
- ☒ Bakody's Sign Increase/Decrease neck pain, other: _____
- ☒ Jackson's compression on the left/right/bilateral radiating to _____ for L/R neck pain; L/R shoulder pain, other: _____
- ☒ Shoulder Depression
- ☒ George's test on the left/right/bilateral
- ☒ Hautant's for arm swaying/body swaying
- ☒ Kemp's test right/left/bilateral localized to L/R cy /radiating to: _____
- ☒ Ely's on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- ☒ Nachlas on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- ☒ Yeoman's the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- ☒ Left SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- ☒ Right SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- ☒ R / L Patrick Fabres for L/R hip pain / low back pain/ other: _____

POSTURAL FINDINGS:

• High Shoulder	R	<u>L</u>	Level	_____
• High Pelvis:	R	<u>L</u>	Level	_____
• Head Carriage:	<u>Ant-Trans</u>	Post-Tans	Normal	_____
• Cervical:	<u>Kyphotic</u>	Lordotic		_____
• Thoracic:	<u>Kyphotic</u>	Lordotic		_____
• Lumbar:	<u>Kyphotic</u>	<u>Lordotic</u>		_____
• Short Leg:	R	L		_____

RESTRICTED JOINT MOTION:

C1 2 3 4 5 6 7 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 S1 LSI RSI

HYPERTONIC MUSCLES/TENDER/PAINFUL JOINTS:

Paraspinals	<u>C</u>	<u>T</u>	<u>L</u>	Trapezius	R	<u>L</u>	Other: _____
Gluteals	R	L		Quadratus Lumborum	R	L	
Iliopsoas	R	L		Levator Scapula	R	<u>L</u>	
TFL	R	L		Latissimus Dorsi	R	L	

03052014

DR. DARREN T. MOLLO, CHIROPRACTOR

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

Page 4 of 5

REFLEXES:

Bicep L	+1	2	3	4	5	Bicep R	+1	2	3	4	5
Tricep L	+1	2	3	4	5	Tricep R	+1	2	3	4	5
Radial L	+1	2	3	4	5	Radial R	+1	2	3	4	5
Patella L	+1	2	3	4	5	Patella R	+1	2	3	4	5
Achilles L	+1	2	3	4	5	Achilles R	+1	2	3	4	5

Cranial Nerves I-XII:

Babinski Reflex: + 0

Hoffman's Test: + 1/2

MUSCLE TESTING:

Arm Abd (C5/6)	R	L	Elbow Ext (C6/7/8)	R	L
Finger Abd (C8/T1)	R	L	Elbow Flex (C5/6)	R	L
Hip Flexion (L1-3)	R	L	Knee Ext (L2-4)	R	L
Leg Abd (L4-S1)	R	L	Foot Dorsiflex (L4/5)	R	L
Foot Plantar Flex (S1-2)	R	L			

X-RAYS/MRI NEURODIAGNOSTIC TESTING/OTHER: _____ is attached.

TREATMENT PLAN:

1. Chiropractic manipulative therapy on the order of (3 x's/week for 6-8 weeks)
2. Re-examination following the above treatment protocol
3. Orthopedist consult for: _____
4. Neurologist consult for: _____
5. Primary care physician consult for: Final
6. Other physician referral: _____
7. Soft tissue therapy on the order of (_____ x's week for _____ weeks)
8. Electrical muscle stimulation/TENS/Interferential current/Heat/Ice
9. Therapeutic exercises for office and home as prescribed
10. Lumbar support orthotic for stabilization and support of the lumbar spine (see medical necessity letter)
11. Cervical collar for stabilization and support of the cervical spine
12. TENS unit for home use and instruction
13. Referral for X-Rays of the C-Spine, T-Spine, L-Spine, other: _____
14. Referral for MRI of the C-Spine, T-Spine, L-Spine to R/O discogenic injury if symptoms persist for 3-4 weeks
15. Referral for Doppler study of the (carotid arteries/vertebral arteries) due to positive objective findings of _____ and symptoms of _____
16. Neuromuscular re-education of the _____
17. Small pain fiber studies of the cervical/lumbar spine to objectively evaluate for pathology to the A-delta, A-Beta, and C sensory nerve fibers.
18. Other: _____

03052014

DR. DARREN T. MOLLO, CHIROPRACTOR
1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

Page 5 of 5

DIAGNOSIS:

307.81	Tension Headache
346.90	Migraine Headache
353.0	Thor. Outlet Syndrome
524.64	TMJ sounds/opening and closing jaw
718.45	Contracture of joint pelvis/hip region
719.40	Pain in joint unspec.
719.51	Pain in joint of the shoulder
719.61	Other symptoms referable to shoulder region
721.0	Cervical spondylosis w/o myelopathy
721.1	Cervical spondylosis w/myelopathy
721.3	Lumbar spondylosis w/o myelopathy
721.7	Traumatic spondylosis
722.0	Cervical intervertebral disc displacement w/o myelopathy
722.10	Lumbar intervertebral disc displacement w/o myelopathy
722.4	Cervical disc degeneration
722.51	Lumbar disc degeneration
723.1	Cervicalgia
723.2	Cervical cranial syndrome
723.3	Cervical brachial syndrome
723.4	Cervical radiculitis
723.5	Torticollis

724.1	Thoracic pain
724.2	Lumbago
724.3	Sciatic
724.4	Lumbar radiculopathy
724.8	Facet syndrome
737.40	Curvature of spine-unspec.
739.1	Segmental joint dysfunction of the cervical spine
739.2	Segmental joint dysfunction of the thoracic spine
739.3	Segmental joint dysfunction of the lumbar spine
739.5	Segmental dysfunction of the hip/pelvis
756.12	Spondylolithesis
780.4	Dizziness
787.01	Nausea/vomiting
781.0	Muscle spasm
847.0	Cervical sprain/strain
847.1	Thoracic sprain/strain
847.2	Lumbar sprain/strain
848.3	Rib strain/sprain
908.9	Late effects of an injury
Other:	

Today, 1/24/14, treatment:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

DISABILITY STATUS:

The patient is currently **mildly/moderately/severely** disabled and is unable to perform normal work duties due to the injury sustained on _____ as a result of an automobile accident/work related accident.

PROGNOSIS:

The patient has suffered a (% from ROM's) loss of motion in the cervical spine and a (%) in the thoraco-lumbar spine that has affected the patient's ADL's. The patient's prognosis is (guarded/good/fair/poor) at this time.

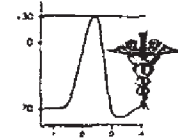
Cordially,


CHIROPRACTOR

03052014

Exhibit 27

Electrodiagnostic Report



Patient: [REDACTED] Number: [REDACTED] Date: 5/27/2014

Presumptive Diagnosis: Pain associated with lumbosacral plexopathy (without motor deficit)

Study: Electrodiagnostic Pain Fiber Nerve Conduction Study (pf-NCS) 95904

Safety of spinal pain patients is significantly improved by pf-NCS since it identifies early and chronic nerve root injury with 100% peer-reviewed sensitivity.¹ Pf-NCS has been shown to correctly redirect spinal pain treatment in 56% of cases.² EMG-type tests cannot assess small pain fibers, and even in chronic large fiber pathology axon degeneration is confirmed only by the presence of obvious muscle atrophy.³ However, in early and chronic injury a reduction of glutamine neurotransmitters down-regulate A-delta fibers,⁴ which is detectable by comparative amplitude measurements using the patient as his own control.

Findings:

Higher than average measures – Deviation Index Mild (+1) to Very Severe (+5):

LEFT (L5) PERONEAL NERVE +1 MILD

Lower than average measures:

RIGHT (S2) POST FEMORAL CUTANEOUS NERVE -1 HYPER

LEFT (S2) POST FEMORAL CUTANEOUS NERVE -1 HYPER

Diagnostic Summary:

The most significant findings are in bold font above

Interpretive Considerations:

Lower than average measures suggest irritation which warrants investigation to detect possible concomitant pathology. Chronicity is suggested when central disinhibition causes a hyper measure (low on graph) to be directly opposite of a rated down-regulated measure (high on graph). Normal findings do not rule out non-neurogenic pain generating etiologies, such as muscle or ligament strain. Since pathology can influence adjacent nerve tracts, it is essential to correlate all findings before initiating or altering treatment.

Sincerely,


Dr. Darren T. Mollo, D.C.

UNADJUSTED EXAM DATA: (Amplitudes are represented by whole numbers for ease of comparison)

L1R / L1L -- 28 / 32; L2R / L2L -- 36 / 36, L3R / L3L -- 30 / 34, L4R / L4L -- 32 / 36, L5R / L5L -- 38 / 46, S1R / S1L -- 34 / 36, S2R / S2L -- 24 / 24

¹ Cork et al Predicting Nerve-Root Pathology *Journal of Anesthesiology* Vol. 2 No. 6 2002

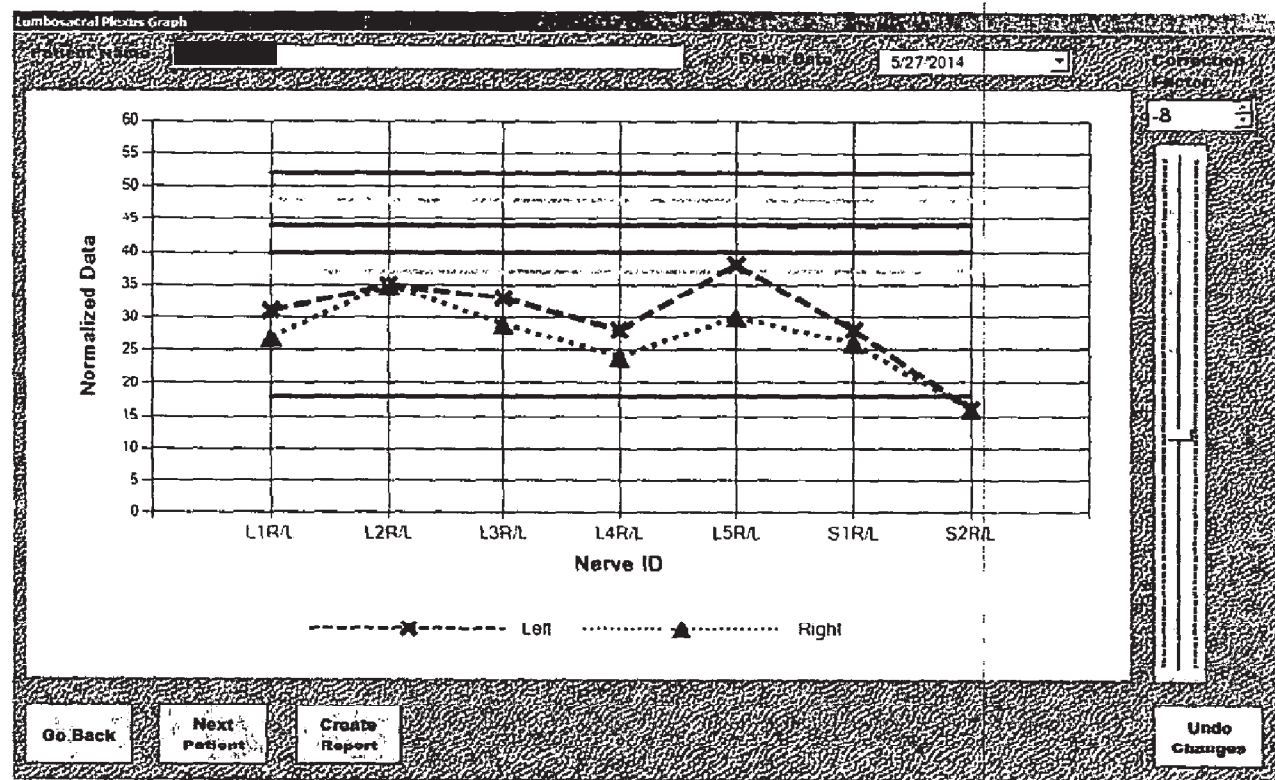
² Carney (Neurosurgeon) *Practical Pain Management* Vol. 12 #5 June 2012

³ Werner and Cavender *Physical Medicine & Rehabilitation* Vol. 13, No. 2 June 1999

⁴ J. Sandkuhler et al *Journal of Neuroscience* Vol. 17 No. 16 Pg. 6483-6491, Aug. 15, 1997

2

2



Lumbosacral Plexus Graph

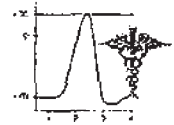
Patient: [REDACTED]

Date: 5/27/2014

06092014

Electrodiagnostic Report

Patient: [REDACTED] Number: [REDACTED] Date: 10/2/2014



Presumptive Diagnosis: Sensory lumbar plexus disorder without symptoms/signs of motor deficit.

Sensory NCS amplitude, velocity/latency and configuration of summation/recruitment

Evidence based medicine and safety is maximized with Type III (A-delta) sensory NCS. Injury causes glutamine neurotransmitter depletion, which results in A-delta fibers requiring higher than average voltage to initiate threshold summation, which is detected by real-time mV measurements.^{1 2} Peer-reviewed statistical sensitivity approaches 100%³ with published reports supporting improved treatment localization in 56% of cases.⁴ Needle EMG is contraindicated in the absence of obvious muscle atrophy⁵. SSEP is a useful method of verification.

Findings:

Higher than average measures – Deviation Index Mild (+1) to Very Severe (+5):

RIGHT (L5) PERONEAL NERVE +3 MARKED
LEFT (L5) PERONEAL NERVE +3 MARKED
RIGHT (S1) SURAL NERVE +1 MILD

Lower than average measures:

LEFT (S2) POST. FEMORAL CUTANEOUS NERVE -1 HYPER

Diagnostic Summary:

The most significant findings are in bold font above.

Interpretive Considerations:

Lower than average measures suggest irritation which warrants investigation to detect possible concomitant pathology. Chronicity is suggested when central disinhibition causes a hyper measure (low on graph) to be directly opposite of a rated down-regulated measure (high on graph). Normal findings do not rule out non-neurogenic pain generating etiologies, such as muscle or ligament strain. Since pathology can influence adjacent nerve tracts, it is essential to correlate all findings before initiating or altering treatment.

Sincerely,

DR. DARREN MOLLO, D.C.

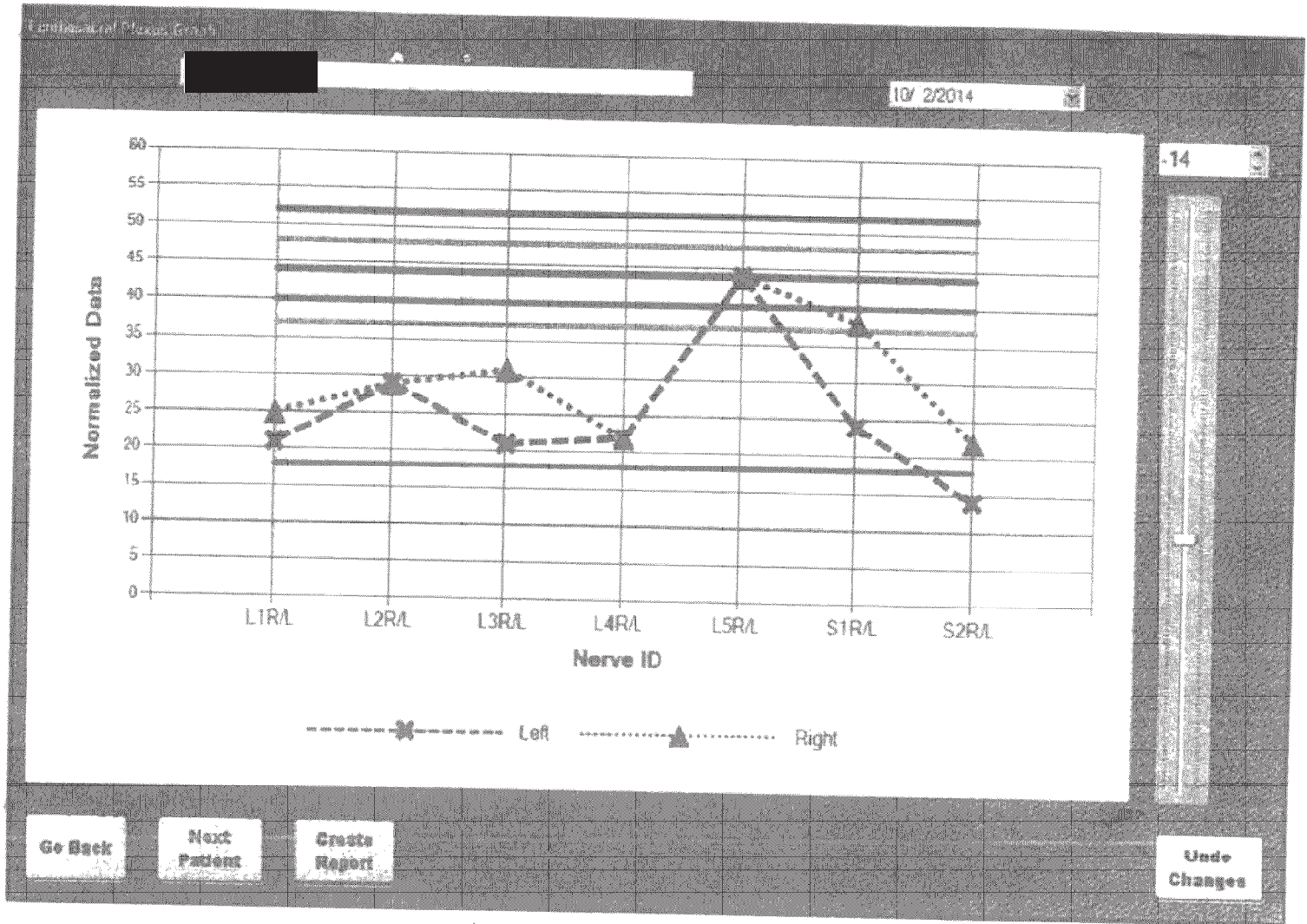
UNADJUSTED EXAM DATA: (Amplitudes are represented by whole numbers for ease of comparison)

L1R / L1L – 32 / 28; L2R / L2L – 36 / 36; L3R / L3L – 38 / 28; L4R / L4L – 36 / 36; L5R / L5L – 58 / 58; S1R / S1L – 52 / 38; S2R / S2L – 36 / 28

11112014

2

2



Lumbosacral Plexus Graph

Patient: [REDACTED]

Date: 10/2/2014

¹R. Cork et al Predicting Nerve-Root Pathology *Journal of Anesthesiology* Vol. 2 No. 6 2002

²Hedgecock, *Textbook of Pain Electrodiagnosis*, 2nd Ed 2013

³J. Sandkuhler et al *Journal of Neuroscience* Vol. 17 No. 16 Pg. 6483-6491, Aug. 15, 1997

⁴P. Carney (Neurosurgeon) *Practical Pain Management* Vol. 12 #5 June 2012

⁵Werner and Cavender *Physical Medicine & Rehabilitation* Vol. 13, No. 2 June 1999

11/11/2014

Exhibit 28

KSENIA PAVLOVA

1 OF 6

Date: 9.18.14

Patient: [REDACTED] Age: 22 Sex: F/M D.O.A: 6.2.14

I. HISTORY: This report covers date of services from 9/18 to 9/18. Secondary to an accident, injury(ies) to the C/T/L Spine/Shoulder was/were reported.

II. LAST RECOMMENDATION/PLAN OF CARE: On the last visit, the following recommendation(s) were made:

- Consult/Test Results: TPI
- Treatment: ☒ Physical Therapy ☐ Medications ☐ Orthotics ☒ Chiropractic ☒ Acupuncture
- Status: ☐ No Improvement ☒ Moderate Improvement ☐ Marked Improvement

HPI:

Subjective: MUSCULOSKELETAL PLAN

☒ Neck ☐ Radiating to: ☐ Atrophy
☒ Back ☐ Radiating to: ☐ Swelling
☐ Hand ☐ Wrist ☐ Elbow ☒ Shoulder
☐ Foot ☐ Ankle ☐ Knee ☐ Hip ☐ Tooth ☐ Jaw
☐ Other: ☐

PAST MEDICAL HISTORY

☐ Asthma ☐ Dizziness
☐ Diabetes ☐ Type I
☐ Type II
☐ Osteoporosis
☒ Other: Denies

ALLERGIES

☒ NKDA
☐ Local Anesthetic
☐ Corticosteroids
☐ Seasonal/Food
☐ Other: ☐

Pain: ☐ Exacerbated ☐ Same ☒ Decreased ☐ No Pain

Pain Scale:

☒ C spine 5/10 ☒ T spine 6/10 ☐ Shoulder R/L 0/10 ☒ L spine 8/10 ☐ Knee R/L

Description: ☒ Sharp ☐ shooting, ☐ stabbing, ☒ aching ☐ pulsating ☐ other

Activity Level: ☐ Unchanged ☒ Diminished ☐ Significantly restricted

PHYSICAL EXAMINATION: ☐ Ht 5'9 ☐ Wt 160 ☐ BP ☐ P 60 ☐ SpO2 96

HEENT:	GU:
Skin:	Musculoskeletal: as below
Resp:	
Cardio:	Other:
GI:	

Radiology Results: Disc Bulge C6-C7 L4-L5

Objective: PT xray examined @ tenderness of the lumbar spine (paraspinal muscles) b/l & ROM & multiple trigger points palpated.

ASSESSMENT/DIAGNOSIS:

18032014

KSENIA PAVLOVA

2 OF 6

The patient is: ☐ totally disabled ☐ partially disabled ☒ not disabled from previous work as a/an _____
Permanency is: ☐ probable ☐ possible ☐ expected ☐ total ☐ marked partial ☐ moderate partial ☐ mild partial

NEW RECOMMENDED PLAN OF CARE:

- ☒ The patient was informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage.
- ☒ The patient is advised to start on a course of **Therapeutics Injections** _____.
- ☐ The patient is advised to start on a course of **Platelet Rich Plasma Injections** _____.
- ☐ _____

Because of the above findings the following are necessary for proper management of the patient:

- ☐ Orthopedic Consultation ☐ Neurological Consultation ☐ Dental Consultation
- ☐ Internal Medicine Consultation ☐ Ophthalmology Consultation ☐ HEENT Consultation
- ☒ Chiropractor ☒ Acupuncture ☒ Pain Management

1. AUTHORIZATION REQUEST (Workers Compensation Only):

This is a formal **Authorization Request** for:

- ☐ MUA _____ ☐ EMG _____ ☐ MRI _____
- ☐ THERAPEUTIC INJECTIONS _____ ☐ PLATELET RICH PLASMA INJECTION _____

TREATMENT:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten).
The following treatment modalities are being applied individually or in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections:
- ☒ Trigger Point Injections:
- ☐ Facet Joint Injections:
- ☒ Intra-articular Injections:
- ☐ Platelet Rich Plasma Injections:

lumbar spine.

USING:

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☒ Surface anatomy technique
- ☒ Radiologic anatomy technique (C-Arm)

Using: ☒ 1% Lidocaine ☐ Depomedrol 40 mg/cc ☒ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

Nerve Block administered to:

- ☐ Thoracic C7-T1
- ☐ Lumbar paravertebral sympathetic nerve
- ☐ Bilaterally ☐ Unilaterally

Trigger Point is administered to:

- ☐ The following muscles: _____
- ☐ Bilaterally ☐ Unilaterally

Diagnostic Impression:

10032014

KSENIA PAVLOVA

<input type="checkbox"/> Headaches	784.0	<input checked="" type="checkbox"/> 3 Of 6	
<input type="checkbox"/> Chest Pain	786.50	<input checked="" type="checkbox"/> Post Traumatic Cervico- Thoracic Myofascitis	723.4
<input type="checkbox"/> Post Concussion Syndrome	850.9	<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	724.4
<input type="checkbox"/> Back Pain Unspecified	724.5	<input type="checkbox"/> Thoracic Sprain/Strain	847.1
<input type="checkbox"/> Back Sprain/Strain	847.9	<input type="checkbox"/> Acute Traumatic Lumbrosacral Radiculitis	724.4
<input type="checkbox"/> Cervical Derangement	724.9	<input type="checkbox"/> R/O Lumbar Disc Hemiation	722.73
<input type="checkbox"/> Cervical Sprain/Strain	847.0	<input type="checkbox"/> Lumbar Derangement	724.9
<input type="checkbox"/> Cervicalgia	732.1	<input checked="" type="checkbox"/> Post-Traumatic Lumbar Myofascitis	724.2
<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	729.1	<input type="checkbox"/> Lumbar Sprain/Strain	847.2
<input type="checkbox"/> R/O Cervical Disc Hemiation	722.71	<input type="checkbox"/> Sacral Sprain/Strain	847.3
<input type="checkbox"/> Hip Derangement	718.95	<input type="checkbox"/> Contusion Thigh/Hip	924.0
<input type="checkbox"/> Hip Pain Unspecified	719.45	<input type="checkbox"/> Shoulder Sprain/Strain	840.8
<input type="checkbox"/> Wrist Derangement	718.93	<input type="checkbox"/> Ankle/Foot Derangement	718.95
<input type="checkbox"/> Elbow Derangement	718.92	<input type="checkbox"/> Foot Pain Unspecified	719.47
<input type="checkbox"/> Elbow Pain Unspecified	719.42	<input type="checkbox"/> Knee Derangement	717.9
<input type="checkbox"/> Hand Derangement	718.92	<input type="checkbox"/> Knee Pain Unspecified	717.46
<input type="checkbox"/> Hand Pain Unspecified	729.5	<input type="checkbox"/> Knee Sprain/Strain	844.9
<input type="checkbox"/> Shoulder Derangement	718.91	<input type="checkbox"/> Anxiety, Tension and Street Reactive to pain	308.0
Others:		<input type="checkbox"/> Elevated Blood Pressure	796.2

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular scheduled basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15 min.

RT	LT	Head & Neck Muscles
		Trapezius muscle

10032014

KSENIA PAVLOVA

4 OF 6

		Sternocleidomastoid muscle
		Masseter muscle
		Temporalis muscle
		Medial (Internal) Pterygoid muscle
		Lateral (External) Pterygoid muscle
		Digastric muscle
		Cutaneous II: Occipitofrontalis
		Splenius capitis & splenius cervicis muscles
		Posterior cervical muscle
		Semispinalis capitis, Semispinalis cervicis & multifidi
		Suboccipital muscles
		Recti capitis posterior major & minor, obliqui inferior & superior

RT	LT	Lumbar Paraspinal Muscles
2	2	Erectors Spinalae
		Iliocostalis thoracis
2	2	Iliocostalis Lumborum
2	2	Semispinalis
2	2	Multifidi muscles
		Rotatores muscles
		Gluteus muscle
4	4	Quadratus Lumborum
2	2	Longissimus

RT	LT	Elbow to Finger Muscles
		Hand extensor & brachioradialis muscles
		Finger extensor muscles
		Extensor digitorum & extensor indicis
		Supinator muscle
		Palmaris Longus muscle
		Hand & Finger flexors in the forearm
		Flexores carpi radialis & ulnaris, flexores digitorum
		Superficialis & profundus, flexor pollicis
		Longus (pronator Teres)
		Adductor & opponens pollicis muscles; trigger thumb
		Interosseous muscles of the hand

RT	LT	Upper Back, Shoulder & Arm Muscles
		Levator Scapulae muscle
		Scalene muscles
		Supraspinatus muscles
		Infraspinatus muscle
		Teres minor muscle
		Latissimus dorsi muscle
		Teres major muscle
		Subscapularis muscle
		Rhomboideus major & minor muscles
		Deltoid muscle
		Coracobrachialis muscle
		Biceps brachii muscle
		Brachialis muscle
		Triceps brachii muscle

RT	LT	Torso Muscles
		Pectoralis major muscle (subclavius muscles)
		Pectoralis minor muscle
		Sternalis muscle
		Serratus Posterior superior muscle
		Serratus Anterior muscle
		Serratus Posterior inferior muscle
		Thoracolumbar paraspinal muscles
		Abdominal muscles

10032014

KSENIA PAVLOVA

Date:

10.3.14

1 OF 6

Patient:

[REDACTED]

Age:

23

Sex: F/M

D.O.A.:

3.2014

HISTORY: This report covers date of services from 10.3 to 10.3. Secondary to an accident, injury(ies) to the C/L SPINE was/were reported.

LAST RECOMMENDATION/PLAN OF CARE: On the last visit, the following recommendation(s) were made:

- Consult/Test Results: TPT 10 days
- Treatment: ☒ Physical Therapy ☐ Medications ☐ Orthotics ☒ Chiropractic ☐ Acupuncture
- Status: ☐ No Improvement ☐ Moderate Improvement ☐ Marked Improvement

HPI:

Subjective: MUSCULOSKELETAL PLAN

PAST MEDICAL HISTORY

ALLERGIES

- ☒ Neck ☐ Radiating to: ☐ Atrophy
- ☒ Back ☐ Radiating to: Back ☐ Swelling
- ☐ Hand ☐ Wrist ☐ Elbow ☐ Shoulder
- ☐ Foot ☐ Ankle ☐ Knee ☐ Hip ☐ Tooth ☐ Jaw
- ☐ Other: ☐

- ☐ Asthma ☐ Dizziness
- ☐ Diabetes ☐ Type I
- ☐ Type II
- ☐ Osteoporosis
- ☒ Other: Arthritis

- ☒ NKDA
- ☐ Local Anesthetic
- ☐ Corticosteroids
- ☐ Seasonal/Food
- ☐ Other: ☐

Pain: ☐ Exacerbated ☐ Same ☐ Decreased ☐ No Pain

Pain Scale:

☐ C spine 1/10 ☐ T spine ☐ Shoulder R/L ☐ L spine 8/10 ☐ Knee R/L

Description: ☐ Sharp ☐ shooting, ☐ stabbing, ☐ aching ☐ pulsating ☐ other

Activity Level: ☐ Unchanged ☐ Diminished ☐ Significantly restricted

II. PHYSICAL EXAMINATION: ☐ HT 6'3 ☐ Wt. 180 ☐ BP 88 ☐ SpO2 98

HEENT:	GU:
Skin:	Musculoskeletal: <u>low back pain</u>
Resp:	
Cardio:	Other:
GI:	

Radiology Results:

Objective: pt seen & examined @ tenderness of the paraspinal musculature of the lumbar spine. L ROM & multiple palpable trigger points

I. ASSESSMENT/DIAGNOSIS: BL

04072015

KSENIA PAVLOVA

2 OF 6

The patient is: ☐ totally disabled ☐ partially disabled ☒ not disabled from previous work as a/an _____
Permanency is: ☐ probable ☐ possible ☐ expected ☐ total ☐ marked partial ☐ moderate partial ☐ mild partial

NEW RECOMMENDED PLAN OF CARE:

- ☒ The patient was informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage.
☒ The patient is advised to start on a course of Therapeutics Injections _____
☐ The patient is advised to start on a course of Platelet Rich Plasma Injections _____
☐ _____

Because of the above findings the following are necessary for proper management of the patient:

- ☐ Orthopedic Consultation ☐ Neurological Consultation ☐ Dental Consultation
☐ Internal Medicine Consultation ☐ Ophthalmology Consultation ☐ HEENT Consultation
☒ Chiropractor ☐ Acupuncture ☒ Pain Management

✓. AUTHORIZATION REQUEST (Workers Compensation Only):

This is a formal Authorization Request for:

- ☐ MUA _____ ☐ EMG _____ ☐ MRI _____
☐ THERAPEUTIC INJECTIONS _____ ☐ PLATELET RICH PLASMA INJECTION _____

TREATMENT:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten).
The following treatment modalities are being applied individually or in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections:
☒ Trigger Point Injections:
☐ Facet Joint Injections:
☐ Intra-articular Injections:
☐ Platelet Rich Plasma Injections:

Lower Back

USING:

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☒ Surface anatomy technique
☒ Radiologic anatomy technique (C-Arm)

Using: ☒ 1% Lidocaine ☐ Depomedrol 40 mg/cc ☒ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

Nerve Block administered to:

- ☐ Thoracic C7-T1
☐ Lumbar paravertebral sympathetic nerve
☐ Bilaterally ☐ Unilaterally

Trigger Point is administered to:

- ☐ The following muscles: _____
☒ Bilaterally ☐ Unilaterally

Diagnostic Impression:

02072015

KSENIA PAVLOVA

<input type="checkbox"/> Headaches	784.0	<input checked="" type="checkbox"/> 3 OF 6 Post Traumatic Cervico- Thoracic Myofascitis 724.2	
<input type="checkbox"/> Chest Pain	786.50	<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	724.4
<input type="checkbox"/> Post Concussion Syndrome	850.9	<input type="checkbox"/> Thoracic Sprain/Strain	847.1
<input type="checkbox"/> Back Pain Unspecified	724.5	<input type="checkbox"/> Acute Traumatic Lumbrosacral Radiculitis	724.4
<input type="checkbox"/> Back Sprain/Strain	847.9	<input type="checkbox"/> R/O Lumbar Disc Hemiation	722.73
<input type="checkbox"/> Cervical Derangement	724.9	<input type="checkbox"/> Lumbar Derangement	724.9
<input type="checkbox"/> Cervical Sprain/Strain	847.0	<input checked="" type="checkbox"/> Post-Traumatic Lumbar Myofascitis	724.2
<input type="checkbox"/> Cervicalgia	732.1	<input type="checkbox"/> Lumbar Sprain/Strain	847.2
<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	729.1	<input type="checkbox"/> Sacral Sprain/Strain	847.3
<input type="checkbox"/> R/O Cervical Disc Hemiation	722.71	<input type="checkbox"/> Contusion Thigh/Hip	924.0
<input type="checkbox"/> Hip Derangement	718.95	<input type="checkbox"/> Shoulder Sprain/Strain	840.8
<input type="checkbox"/> Hip Pain Unspecified	719.45	<input type="checkbox"/> Ankle/Foot Derangement	718.95
<input type="checkbox"/> Wrist Derangement	718.93	<input type="checkbox"/> Foot Pain Unspecified	719.47
<input type="checkbox"/> Elbow Derangement	718.92	<input type="checkbox"/> Knee Derangement	717.9
<input type="checkbox"/> Elbow Pain Unspecified	719.42	<input type="checkbox"/> Knee Pain Unspecified	717.46
<input type="checkbox"/> Hand Derangement	718.92	<input type="checkbox"/> Knee Sprain/Strain	844.9
<input type="checkbox"/> Hand Pain Unspecified	729.5	<input type="checkbox"/> Anxiety, Tension and Street Reactive to pain	308.0
<input type="checkbox"/> Shoulder Derangement	718.91	<input type="checkbox"/> Elevated Blood Pressure	796.2

Others:

☒ lumbar disk herniation

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular scheduled basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15 min.

RT	LT	Head & Neck Muscles
		Trapezius muscle

04072015

KSENIA PAVLOVA

4 OF 6

		Sternocleidomastoid muscle
		Masseter muscle
		Temporalis muscle
		Medial (Internal) Pterygoid muscle
		Lateral (External) Pterygoid muscle
		Digastric muscle
		Cutaneous II: Occipitofrontalis
		Splenius capitis & splenius cervicis muscles
		Posterior cervical muscle
		Semispinalis capitis, Semispinalis cervicis & multifidi
		Suboccipital muscles
		Recti capitis posterior major & minor, obliqui inferior & superior

RT	LT	Lumbar Paraspinal Muscles
2	2	Erectors Spinalae
		Iliocostalis thoracis
2	2	Iliocostalis Lumborum
2	2	Semispinalis
2	2	Multifidi muscles
		Rotatores muscles
2	2	Gluteus muscle
4	4	Quadratus Lumborum
2	2	Longissimus

RT	LT	Elbow to Finger Muscles
		Hand extensor & brachioradialis muscles
		Finger extensor muscles
		Extensor digitorum & extensor indicis
		Supinator muscle
		Palmaris Longus muscle
		Hand & Finger flexors in the forearm
		Flexores carpi radialis & ulnaris, flexores digitorum
		Superficialis & profundus, flexor pollicis
		Longus (pronator Teres)
		Adductor & opponens pollicis muscles; trigger thumb
		Interosseous muscles of the hand

RT	LT	Upper Back, Shoulder & Arm Muscles
		Levator Scapulae muscle
		Scalene muscles
		Supraspinatus muscles
		Infraspinatus muscle
		Teres minor muscle
		Latissimus dorsi muscle
		Teres major muscle
		Subscapularis muscle
		Rhomboideus major & minor muscles
		Deltoid muscle
		Coracobrachialis muscle
		Biceps brachii muscle
		Brachialis muscle
		Triceps brachii muscle

RT	LT	Torso Muscles
		Pectoralis major muscle (subclavius muscles)
		Pectoralis minor muscle
		Sternalis muscle
		Serratus Posterior superior muscle
		Serratus Anterior muscle
		Serratus Posterior inferior muscle
		Thoracolumbar paraspinal muscles
		Abdominal muscles

04072015

Patient Name: _____ Date: _____

CODE	Descriptions	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or branch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input type="checkbox"/> 20552	Injection one or two muscles		
<input type="checkbox"/> 20553	Injection three or more muscles	7	7
CODE	Descriptions	RIGHT	LEFT
<input type="checkbox"/> 20999	Dry Needling	16	16
<input type="checkbox"/>	Ultrasound		
<input type="checkbox"/>	Platelet Rich Plasma Injection		
<input type="checkbox"/> 20605	Intra Articular Injection shoulder		
<input type="checkbox"/> 20610	Intra Articular injection Knee		
<input type="checkbox"/> 64633	C - Spine Facet joint injection single		
<input type="checkbox"/> 64634	C Facet joint injection additional		
<input type="checkbox"/> 64633	T- Facet joint injection single		
<input type="checkbox"/> 64634	T Facet joint injection additional		
<input type="checkbox"/> 64635	L- Facet joint injection single		
<input type="checkbox"/> 64636	L Facet joint injection additional		
<input type="checkbox"/> 64635	S- Facet joint injection single		
<input type="checkbox"/> 64636	S Facet joint injection additional		
<input type="checkbox"/>			

Number of cartridge injected

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via a 3cc syringe with a 1-1/2 x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

- ☒ Patient tolerated the procedure well
- ☐ Patient developed a mild transient lightheadedness of a few minutes duration
- ☐ No complications, No complaints
- ☐ Other: _____


KSENIA PAVLOVA, D.O.

04072015

KSENIA PAVLOVA

6 OF 6

The p() Follow-Up in 2- 3-4 weeks

Prognosis: ___ Excellent; ___ Good; ___ Fair; ___ Poor; Guarded

atient was instructed on post injection care and reported some decreased muscle stiffness and some decreased pain following the procedure.

DISABILITY & PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on 3.10.19, and the disability resulting from it is/maybe/ of a temporary/permanent nature. The prognosis for a recovery is presently (cautiously optimistic/ guarded).

Physician's Signature: _____


Ksenia Pavlova

04072015

KSENIA PAVLOVA

Date: 10.28.13

1 OF 6

Patient: [REDACTED] Age: 52 Sex: F/M D.O.A: 9-1-13

HISTORY: This report covers date of services from 10.28.13 to 10.28.13. Secondary to an accident, injury(ies) to the 93 4/5 @ hmc Head was/were reported.

LAST RECOMMENDATION/PLAN OF CARE: On the last visit, the following recommendation(s) were made:

- Consult/Test Results: TPI, Dry needling
- Treatment: ☒ Physical Therapy ☐ Medications ☐ Orthotics ☒ Chiropractic ☒ Acupuncture
- Status: ☐ No Improvement ☒ Moderate Improvement ☐ Marked Improvement

HPI:

Subjective: **MUSCULOSKELETAL PLAN**

- ☒ Neck ☒ Radiating to: _____ ☐ Atrophy
- ☒ Back ☒ Radiating to: _____ ☐ Swelling
- ☐ Hand ☐ Wrist ☐ Elbow ☐ Shoulder
- ☐ Foot ☐ Ankle ☒ Knee ☐ Hip ☐ Tooth ☐ Jaw
- ☒ Other: (B) ☐ _____

PAST MEDICAL HISTORY

- ☐ Asthma ☐ Dizziness
- ☒ Diabetes ☐ Type I
- ☐ Type II
- ☐ Osteoporosis
- ☒ Other: HTN

ALLERGIES

- ☐ NKDA
- ☐ Local Anesthetic
- ☐ Corticosteroids
- ☐ Seasonal/Food
- ☒ Other: Selexwa

Pain: ☐ Exacerbated ☒ Same ☐ Decreased ☐ No Pain

Pain Scale:

☒ C spine 8/10 ☐ T spine _____ ☐ Shoulder R/L _____ ☒ L spine 8/10 ☒ Knee R/L 8/10

Description: ☐ Sharp ☐ shooting, ☐ stabbing, ☒ aching ☐ pulsating ☐ other _____

Activity Level: ☐ Unchanged ☒ Diminished ☐ Significantly restricted

II. PHYSICAL EXAMINATION: ☐ Ht 5'4 ☐ Wt 186 ☐ BP _____ ☐ P 70 ☐ SpO2 98

HEENT: <u>WNL</u>	GU: <u>WNL</u>
Skin: <u>WNL</u>	Musculoskeletal:
Resp: <u>WNL</u>	
Cardio: <u>HTN</u>	Other: <u>PM</u>
GI: <u>WNL</u>	

Radiology Results: (P) mri

Objective: pt was examined i @ tenderness of the lumbar area R/L. Right + in R/L especially was when flexing the torso forward. @ multiple trigger points located around the lumbar area.

V. ASSESSMENT/DIAGNOSIS: lumbar strain/strain

11112013

KSENIA PAVLOVA

2 Of 6

The patient is: ☐ totally disabled ☐ partially disabled ☒ not disabled from previous work as a/an _____
Permanency is: ☐ probable ☐ possible ☐ expected ☐ total ☐ marked partial ☐ moderate partial ☐ mild partial

NEW RECOMMENDED PLAN OF CARE:

- ☒ The patient was informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage.
- ☒ The patient is advised to start on a course of Therapeutics Injections _____.
- ☐ The patient is advised to start on a course of Platelet Rich Plasma Injections _____.
- ☐ _____

Because of the above findings the following are necessary for proper management of the patient:

- ☐ Orthopedic Consultation
- ☐ Neurological Consultation
- ☐ Dental Consultation
- ☐ Internal Medicine Consultation
- ☐ Ophthalmology Consultation
- ☐ HEENT Consultation
- ☒ Chiropractor
- ☒ Acupuncture
- ☒ Pain Management

AUTHORIZATION REQUEST (Workers Compensation Only):

This is a formal Authorization Request for:

- ☐ MUA _____
- ☐ EMG _____
- ☐ MRI _____
- ☐ THERAPEUTIC INJECTIONS _____
- ☐ PLATELET RICH PLASMA INJECTION _____

TREATMENT:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten).
The following treatment modalities are being applied individually or in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections: _____
- ☒ Trigger Point Injections: _____
- ☐ Facet Joint Injections: _____
- ☐ Intra-articular Injections: _____
- ☐ Platelet Rich Plasma Injections: _____

USING:

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☐ Surface anatomy technique
- ☒ Radiologic anatomy technique (C-Arm)

Using: ☒ 1% Lidocaine ☐ Depomedrol 40 mg/cc ☒ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

Nerve Block administered to: <ul style="list-style-type: none"><input type="checkbox"/> Thoracic C7-T1<input type="checkbox"/> Lumbar paravertebral sympathetic nerve<input type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally	Trigger Point is administered to: <ul style="list-style-type: none"><input type="checkbox"/> The following muscles: _____<input checked="" type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally
--	--

Diagnostic Impression:

11112013

KSENIA PAVLOVA

3 Of 6

<input type="checkbox"/> Headaches	784.0	<input type="checkbox"/> Post Traumatic Cervico- Thoracic Myofascitis	723.4
<input type="checkbox"/> Chest Pain	786.50	<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	724.4
<input type="checkbox"/> Post Concussion Syndrome	850.9	<input type="checkbox"/> Thoracic Sprain/Strain	847.1
<input type="checkbox"/> Back Pain Unspecified	724.5	<input type="checkbox"/> Acute Traumatic Lumbrosacral Radiculitis	724.4
<input type="checkbox"/> Back Sprain/Strain	847.9	<input type="checkbox"/> R/O Lumbar Disc Hemiation	722.73
<input type="checkbox"/> Cervical Derangement	724.9	<input type="checkbox"/> Lumbar Derangement	724.9
<input type="checkbox"/> Cervical Sprain/Strain	847.0	<input checked="" type="checkbox"/> Post-Traumatic Lumbar Myofascitis	724.2
<input type="checkbox"/> Cervicalgia	732.1	<input checked="" type="checkbox"/> Lumbar Sprain/Strain	847.2
<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	729.1	<input type="checkbox"/> Sacral Sprain/Strain	847.3
<input type="checkbox"/> R/O Cervical Disc Hemiation	722.71	<input type="checkbox"/> Contusion Thigh/Hip	924.0
<input type="checkbox"/> Hip Derangement	718.95	<input type="checkbox"/> Shoulder Sprain/Strain	840.8
<input type="checkbox"/> Hip Pain Unspecified	719.45	<input type="checkbox"/> Ankle/Foot Derangement	718.95
<input type="checkbox"/> Wrist Derangement	718.93	<input type="checkbox"/> Foot Pain Unspecified	719.47
<input type="checkbox"/> Elbow Derangement	718.92	<input type="checkbox"/> Knee Derangement	717.9
<input type="checkbox"/> Elbow Pain Unspecified	719.42	<input type="checkbox"/> Knee Pain Unspecified	717.46
<input type="checkbox"/> Hand Derangement	718.92	<input type="checkbox"/> Knee Sprain/Strain	844.9
<input type="checkbox"/> Hand Pain Unspecified	729.5	<input type="checkbox"/> Anxiety, Tension and Street Reactive to pain	308.0
<input type="checkbox"/> Shoulder Derangement	718.91	<input type="checkbox"/> Elevated Blood Pressure	796.2

Others:

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular scheduled basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15 min.

RT	LT	Head & Neck Muscles
		Trapezius muscle

11112013

KSENIA PAVLOVA

4 OF 6

		Sternocleidomastoid muscle
		Masseter muscle
		Temporalis muscle
		Medial (Internal) Pterygoid muscle
		Lateral (External) Pterygoid muscle
		Digastric muscle
		Cutaneous II: Occipitofrontalis
		Splenius capitis & splenius cervicis muscles
		Posterior cervical muscle
		Semispinalis capitis, Semispinalis cervicis & multifidi
		Suboccipital muscles
		Recti capitis posterior major & minor, obliqui inferior & superior

RT	LT	Lumbar Paraspinal Muscles
2	2	Erectors Spinalae
		Iliocostalis thoracis
2	2	Iliocostalis Lumborum
2	2	Semispinalis
2	2	Multifidi muscles
		Rotatores muscles
2	2	Gluteus muscle
4	4	Quadratus Lumborum
2	2	Longissimus

RT	LT	Elbow to Finger Muscles
		Hand extensor & brachioradialis muscles
		Finger extensor muscles
		Extensor digitorum & extensor indicis
		Supinator muscle
		Palmaris Longus muscle
		Hand & Finger flexors in the forearm
		Flexores carpi radialis & ulnaris, flexores digitorum
		Superficialis & profundus, flexor pollicis
		Longus (pronator Teres)
		Adductor & opponens pollicis muscles; trigger thumb
		Interosseous muscles of the hand

RT	LT	Upper Back, Shoulder & Arm Muscles
		Levator Scapulae muscle
		Scalene muscles
		Supraspinatus muscles
		Infraspinatus muscle
		Teres minor muscle
		Latissimus dorsi muscle
		Teres major muscle
		Subscapularis muscle
		Rhomboideus major & minor muscles
		Deltoid muscle
		Coracobrachialis muscle
		Biceps brachii muscle
		Brachialis muscle
		Triceps brachii muscle

RT	LT	Torso Muscles
		Pectoralis major muscle (subclavius muscles)
		Pectoralis minor muscle
		Sternalis muscle
		Serratus Posterior superior muscle
		Serratus Anterior muscle
		Serratus Posterior inferior muscle
		Thoracolumbar paraspinal muscles
		Abdominal muscles

11112013

KSENIA PAVLOVA

5 OF 6

Injections:

CODE	NERVE OR MUSCLE	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or brunch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input type="checkbox"/> 20552	Injection one or two muscles		
<input checked="" type="checkbox"/> 20553	Injection three or more muscles	5	5

✓ Day needling

14

16

<input type="checkbox"/> 64633	C - Spine Facet joint injection single		
<input type="checkbox"/> 64634	C Facet joint injection additional		
<input type="checkbox"/> 64633	T- Facet joint injection single		
<input type="checkbox"/> 64634	T Facet joint injection additional		
<input type="checkbox"/> 64635	L- Facet joint injection single		
<input type="checkbox"/> 64636	L Facet joint injection additional		
<input type="checkbox"/> 64635	S- Facet joint injection single		
<input type="checkbox"/> 64636	S Facet joint injection additional		
<input type="checkbox"/>	Injection, anesthetic agent, steroid,		

Number of cartridge injected

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via a 3cc syringe with a 1-1/2 x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

☒ Patient tolerated the procedure well

☐ Patient developed a mild transient lightheadedness of a few minutes duration

☒ Other: No complications / No complaints.

11112013

KSENIA PAVLOVA

6 Of 6

The patient ☒ Follow-Up in 2-3-4 weeks

Prognosis: ☐ Excellent; ☐ Good; ☐ Fair; ☐ Poor; ☐ Guarded

patient was instructed on post injection care and reported some decreased muscle stiffness and some decreased pain following the procedure.

DISABILITY & PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on 9-1-13, and the disability resulting from it is/maybe/ of a temporary/permanent nature. **The prognosis for a recovery is presently (cautiously optimistic/ guarded).**

Physician's Signature: _____
Ksenia Pavlova



RENEE ANN DENOBREGA, NP

INITIAL EVALUATION

Re: [REDACTED]
DOB: [REDACTED]
DOA: 12/24/16
Date of Evaluation: 1/12/17

ACCIDENT HISTORY:

Type: ☒ MVA ☐ Work Related ☐ Slip and Fall ☐ Other: _____
Where you: ☐ Pedestrian ☒ Passenger ☐ Driver
Traveling in the: ☐ Front Seat ☒ Rear Seat ☐ Seat Belt: ☐ Y ☒ N
Injury Happened: ☐ At Work ☐ At Home ☒ MVA ☒ Exact Location: 155th + 115th Ave Queens NY
E R Treatment: ☐ Yes ☒ No Hospital Name: _____
Date Admitted: _____ Date discharged: _____ ☐ Patient was treated and released
Has patient worked since accident? ☒ No ☐ Yes, returned date: _____ ☐ Light Duty ☐ Regular duty
Has patient been in a prior accident? ☒ No ☐ Yes, type & when: ☐ MVA ☐ WC _____

PRESENT COMPLAINTS:

- Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring Vision / Balance Disturbance / Fever / Chills / Night Sweats / Weight Gains / Weight Loss / Others _____
- Chest Pain / Tenderness / Tingling
- Difficulty of Breathing
- ☒ Neck pain with (✓) upper extremity radiating pain and parasthesia
- Tingling sensation in the right/left both arms/ forearms/ fingers
- ☒ Upper back pain
- ☒ Low back pain with () lower extremity radiating pain and parenthesis
- Numbness / weakness / tingling to the right/ left/ both legs / feet/ toes
- Pain in the scalp / Face / Chest / Abdomen / () Shoulder / () elbow / () Wrist / () Hand/ () hip / () Knee / () Ankle / () Foot / Other _____

Pain Descriptive:

_sharp; _stabbing; _shooting; _burning; _aching; _tingling; _numbness; _pulsating; tightness/stiffness
_constant; ☒ intermittent; _occasional

How many hours per day patient has pain _____

How many days per week patient has pain daily

What activities are most affected by pain bending

01242017

Patient Name: _____ Date: _____

Activity level is:

- ☒ unchanged
☒ diminished
☐ significantly restricted
☐ pain with manual labor
☐ unable to perform daily household chores

Where is pain worst?

☐ neck: ☐ back: ☐ R/L leg: ☐ R/L arm: _____
(other)

Pain scale (1-10): 0-No pain: 1-3 Minimal: 4-6 Moderate; 7-9 Intense: 10 Emergency
☒ Neck 7
☒ Back 9
☐ Arm _____
☐ Leg _____

What makes pain worst?

☐ standing: ☐ lack of sleep ☐ reaching overhead: ☐ sitting: ☐ laying down: ☐ coughing: ☐ walking: ☐ lifting: ☐ sneezing:
☒ bending: ☐ weather: ☐ tension: ☐ driving: Housework activity: ☐ arising from chairs: _____ other

Severe night time pain **YES/NO**

Waking up in the middle of the night because of pain **YES/NO** if yes how many times _____

PAST MEDICAL HISTORY:

- ☒ There is no significant past medical history
☐ There is a history of (HTN, Diabetes, Asthma, Osteoarthritis) other: _____
☐ Medication _____

PAST SURGICAL HISTORY:

- ☒ There is no significant past medical history
☐ There is a history of _____

Allergies: ☐ YES ☒ NO

EMPLOYMENT HISTORY:

The patient had not been employed / The patient has been employed prior to the accident.

The patient has / has not been able to return to work.

REVIEW OF SYSTEM:

☐ Constitutional Symptoms
(fever; weight loss; other _____)
☐ Eyes
☐ Ears _____; ☐ Nose _____; ☐ Mouth _____; ☐ Throat _____
☐ Cardiovascular _____
☐ Gastrointestinal _____
☐ Genitourinary _____

back stiffness in AM and neck pain
☐ Musculoskeletal _____
☐ Integumentary (skin _____; breast _____)
☐ Neurological _____
☐ Psychiatric _____
☐ Endocrine _____
☐ Hematologic/Lymphatic _____
☐ Allergic / Immunologic _____

Patient Name: _____ Date: _____

PHYSICAL EXAMINATION

VITAL SIGNS: BP: _____ WT: 120 lbs HT: 5'8 T°: _____ RR: 18 PULSE: _____ SPO2%: _____

HEENT:

The head is normocephalic. There is full range of extra ocular muscle and a normal light reflex. No nystagmus is noted. External canals and tympanic membranes are normal. Hearing is normal. The tongue protrudes in the midline. He/She complains of headaches.

SKIN:

The skin is intact. No ecchymosis laceration or abrasions are noted.

CHEST & LUNGS EXAMINATION:

The heart size seemed to be normal. The PMI was normal. No murmur, gallop, thrill or rub was noted. The rhythm was regular. Checked pulses were synchronous and equal bilaterally.

ABDOMEN:

The abdomen was flat. No scar was noted. Palpitation was normal, non-tender in all quadrants. No organomegaly was noted.

EXAMINATION:

Cervical Spine

☐ NORMAL

Examination of the cervical spine showed loss of the normal lordosis. Tenderness, spasm and stiffness were noted on palpitation of the posterior occipital, paraspinals and trapezius muscle. Range of motion was limited, restricted and painful.

Cervical ROM	Normal	Patient	Quantity
Flexion	50°	40	Severe / Moderate
Extension	60°	50	Severe / Moderate
Right Lateral Flexion	45°	35	Severe / Moderate
Left Lateral Flexion	45°	40	Severe / Moderate
Right Rotation	80°	70	Severe / Moderate
Left Rotation	80°	70	Severe / Moderate

The points were also elicited at C3, C4, C5, C6, C7 levels. The soto hall (force flexion of the head and the neck upon the sternum) elicited pain. Cervical distraction test was positive indicating the presence of a spinal nerve root compression. Manual testing of muscle strength was positive. Pinprick and touch was abnormally decreased over the right left arm. The patient had difficulties looking up to the ceiling because of spasm and stiffness of the cervical musculature.

- ☐ Hypersensitive bundle/nodule present
- ☐ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump Sign" when palpated
- ☐ Twitch response when palpated

01242017

Patient Name: _____ Date: _____

THORACIC SPINE: ☒ NORMAL

There was pain/no pain on deep inspiration. Tenderness/no tenderness on palpation over the paraspinals and/or the angle of the ribs were noted. Range of motion was/was not limited.

- ☐ Hypersensitive bundle/nodule present
- ☐ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump Sign" when palpated
- ☐ Twitch response when palpated

LUMBAR SPINE: ☐ NORMAL

Muscle spasm was noted on palpation. Visualized muscle spasm and diffuse tenderness are noted over the paraspinal erector spinae, iliocostalis lumborum, the multifidus the gluteus muscles and the latissimus dorsi, radiating to the sciatic notches, the RIGHT/LEFT hip, THE LOWER EXTREMITIES, limiting the back range of motion more than ___% of normal.

Spinal ROM	Normal	Patient	Quantity
Pelvic Sacral Angle	45°	35	Severe / Moderate
Flexion	90°	75	Severe / Moderate
Extension	30°	15	Severe / Moderate
Right Lateral Flexion	35°	25	Severe / Moderate
Left Lateral Flexion	35°	30	Severe / Moderate

Tender appoints were elicited at L2, L3, L4, L5-S1 levels. Straight leg raising test was positive on the right/left/bilaterally.

- ☒ Hypersensitive bundle/nodule present
- ☒ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump Sign" when palpated
- ☐ Twitch response when palpated

SHOULDER: ☒ NORMAL

The left/right shoulder was painful, spastic and restricted on palpation and mobilization of the deltoid muscles and the AC joints. Crepitation was felt on palpation and mobilization of the acromioacetabular joints. Trigger points were elicited on palpation of the supraspinatus, infraspinatus deltoid, biceps brachii muscles causing severe limitation and pain on motion. The range of motion was limited and painful..

Shoulder ROM	Normal	R	L	Quantity
Abduction	180°			Severe / Moderate
Forward Flexion	180°			Severe / Moderate
Extension	60°			Severe / Moderate
Internal Rotation	90°			Severe / Moderate
External Rotation	90°			Severe / Moderate

Hand to shoulder blade test was positive. Apley's scratch test was positive. The patient complains of shoulder pain on the left/right side was unable to reach behind to a back pocket and in front to comb hair or brush teeth.

Patient Name: _____ Date: _____

ELBOW / WRIST / HAND:

☒ NORMAL

HIP:

☒ NORMAL

Swelling, hematoma and bruises were noted over lateral/anterior aspect of the left/right thigh. Tenderness was also noted on palpation of the sacroiliac area. Trigger points were elicited on palpation of the left/right gluteus medius. The range of motion was limited and painful. Ely's eel to buttock test was positive. Thomas test was positive.

Hip ROM	Normal	R	L	Quantity
Flexion	120°			Severe / Moderate
Extension	35°			Severe / Moderate
Abduction	50°			Severe / Moderate
Adduction	30°			Severe / Moderate
Internal Rotation	35°			Severe / Moderate
External Rotation	45°			Severe / Moderate

KNEE:

☒ NORMAL

Swelling, hematoma and bruises were noted over anterior / posterior / lateral aspect of the left / right knee. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Knee ROM	Normal	R	L	Quantity
Flexion	135°			Severe / Moderate
Extension	10°			Severe / Moderate
Internal Tibial Rotation	30°			Severe / Moderate
External Tibial Rotation	45°			Severe / Moderate

ANKLE:

☒ NORMAL

Swelling, hematoma and bruises were noted over anterior / posterior / malleolar aspect of the left/right ankle. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Ankle ROM	Normal	R	L	Quantity
Dorsi Flexion	20°			Severe / Moderate
Plantar Flexion	50°			Severe / Moderate
Inversion	15°			Severe / Moderate
Eversion	15°			Severe / Moderate

FOOT:

☒ NORMAL

Patient Name: _____ Date: _____

Diagnostic Impression:

<input type="checkbox"/> Post-Traumatic Headache	G44.3	<input type="checkbox"/> Pain in Wrist	M25.53
<input type="checkbox"/> Acute Post-traumatic Headache	G44.31	<input type="checkbox"/> Pain in Knee	M25.56
<input type="checkbox"/> Chest Pain Unspecified	R07.9	<input type="checkbox"/> Pain in Ankle and Joints of Foot	M25.57
<input type="checkbox"/> Concussion Without Loss of Consciousness, Initial Encounter	S06.0X0A	<input type="checkbox"/> Sprain of Shoulder Joint	S43.4
<input type="checkbox"/> Concussion With Loss of Consciousness Of Unspecified Duration	S06.0X9	<input type="checkbox"/> Sprain of Collateral Ligament of Knee	S83.4
<input type="checkbox"/> Other Dorsalgia	M54.89	<input type="checkbox"/> Sprain of Cruciate Ligament of Knee	S83.5
<input checked="" type="checkbox"/> Low Back Pain	M54.5	<input type="checkbox"/> Sprain of Other Specified Parts of Knee	S83.8
<input checked="" type="checkbox"/> Cervicalgia	M54.2	<input type="checkbox"/> Tear of Articular Cartilage of Knee, Current	S83.3
<input type="checkbox"/> Lumbago with Sciatica	M54.4	<input type="checkbox"/> Tear of Meniscus, Current Injury	S83.2
<input type="checkbox"/> Sciatica	M54.3	<input type="checkbox"/> Internal Derangement of Knee	M23
<input type="checkbox"/> Radiculopathy, Site Unspecified	M54.10	<input type="checkbox"/> Elevated blood-pressure reading, Without diagnosis of hypertension	R03.0
<input type="checkbox"/> Radiculopathy, Cervical Region	M54.12	<input type="checkbox"/> Contusion of Right Thigh, Initial Encounter	S70.11XA
<input type="checkbox"/> Radiculopathy, Cervicothoracic Region	M54.13	<input type="checkbox"/> Contusion of Left Thigh, Initial Encounter	S70.12XA
<input type="checkbox"/> Radiculopathy, Thoracic Region	M54.14	<input type="checkbox"/> Acute Stress Reaction	F43.0
<input type="checkbox"/> Radiculopathy, Thoracolumbar Region	M54.15	<input type="checkbox"/> Other Cervical Disc Displacement, Unspecified Cervical Region	M50.20
<input type="checkbox"/> Radiculopathy, Lumbar Region	M54.16	<input type="checkbox"/> Other Cervical Disc Displacement, High Cervical Region	M50.21
<input type="checkbox"/> Radiculopathy, Lumbosacral Region	M54.17	<input type="checkbox"/> Other Cervical Disc Displacement, Mid-Cervical Region	M50.22
<input type="checkbox"/> Radiculopathy, Sacral and Sacrococcygeal Region	M54.18	<input type="checkbox"/> Other Cervical Disc Displacement, Cervicothoracic Region	M50.23
<input type="checkbox"/> Fusion of Spine, Cervical Region	M43.22	<input type="checkbox"/> Other Cervical Disc Degeneration	M50.3
<input type="checkbox"/> Fusion of Spine, Cervicothoracic Region	M43.23	<input type="checkbox"/> Other Intervertebral Disc Displacement, Thoracic Region	M51.24
<input type="checkbox"/> Fusion of Spine, Thoracic Region	M43.24	<input type="checkbox"/> Other Intervertebral Disc Displacement, Thoracolumbar Region	M51.25
<input type="checkbox"/> Fusion of Spine Thoracolumbar Region	M43.25	<input type="checkbox"/> Other Intervertebral Disc Displacement, Lumbar Region	M51.26
<input type="checkbox"/> Fusion of Spine, Lumbar Region	M43.26	<input type="checkbox"/> Other Intervertebral Disc Displacement, Lumbosacral Region	M51.27
<input type="checkbox"/> Fusion of Spine, Lumbosacral Region	M43.27	<input type="checkbox"/> Other Thoracic, Thoracolumbar and Lumbosacral Intervertebral Disc Degeneration	M51.3
<input type="checkbox"/> Dorsopathy, Unspecified	M53.9	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Shoulder	M65.81
<input type="checkbox"/> Sprain of Ligaments of Cervical Spine, Initial Encounter	S13.4XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Upper Arm	M65.82
<input type="checkbox"/> Sprain of Ligaments of Thoracic Spines, Initial Encounter	S23.3XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Forearm	M65.83
<input type="checkbox"/> Sprain of Ligaments of Lumbar Spine, Initial Encounter	S33.5XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Hand	M65.84
<input type="checkbox"/> Sprain of Other Parts of Lumbar Spine and Pelvis, Initial Encounter	S33.8XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Thigh	M65.85
<input type="checkbox"/> Other Specific Joint Derangements of Shoulder, Not Elsewhere Classified	M24.81	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Lower Leg	M65.86
<input type="checkbox"/> Other Specific Joint Derangements of Elbow, Not Elsewhere Classified	M24.82	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Ankle and Foot	M65.87
<input type="checkbox"/> Other Specific Joint Derangements of Wrist, Not Elsewhere Classified	M24.83	<input type="checkbox"/> Medial Epicondylitis	M77.0
<input type="checkbox"/> Other Specific Joint Derangements of Hand, Not Elsewhere Classified	M24.84	<input type="checkbox"/> Lateral Epicondylitis	M77.1
<input type="checkbox"/> Other Specific Joint Derangements of Hip, Not Elsewhere Classified	M24.85		
<input type="checkbox"/> Other Specific Joint Derangements of Ankle and Foot, Not Elsewhere Classified	M24.87		
<input type="checkbox"/> Pain in Hip	M25.55		
<input type="checkbox"/> Pain in Shoulder	M25.52		

Patient Name: _____ Date: _____

Others: _____

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular schedule basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15mins
- ☐ Computerized ROM and MMT examination

The patient advised to use at home:

- | | |
|--|--|
| <input type="checkbox"/> Cervical Collar 2 pc. | <input type="checkbox"/> EMS unit+kit |
| <input type="checkbox"/> Cervical Traction Kit | <input type="checkbox"/> EMS Placement Belt |
| <input checked="" type="checkbox"/> Cervical Pillow | <input type="checkbox"/> Electric Massager |
| <input type="checkbox"/> Advanced Cervical Collar | <input type="checkbox"/> Orthopedic Elbow Support L R |
| <input type="checkbox"/> Lumbosacral Orthosi | <input type="checkbox"/> Orthopedic Knee Support L R |
| <input checked="" type="checkbox"/> Lumbar Cushion | <input type="checkbox"/> Orthopedic Ankle Support L R |
| <input type="checkbox"/> Orthopedic Car Seat | <input type="checkbox"/> Orthopedic Wrist Support L R |
| <input checked="" type="checkbox"/> Orthopedic Bed Board | <input type="checkbox"/> Orthopedic Shoulder Support L R |
| <input checked="" type="checkbox"/> Eggcrate Mattress | <input type="checkbox"/> Infrared Heat Lamp |
| <input checked="" type="checkbox"/> Heating Pad | <input type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Hydrotherapy | <input type="checkbox"/> Cane |

The patient is referred to:

X-Rays of the:

Indications: _____

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Knee R L
- ☐ Shoulder R L
- ☐ Wrist R L
- ☐ Ankle R L
- ☐ Hip R L
- ☐ Elbow R L

MRI's of the:

Indications: _____

- ☒ Brain
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☒ Lumbar Spine
- ☐ Knee R L
- ☐ Shoulder R L
- ☐ Wrist R L
- ☐ Ankle R L
- ☐ Hip R L
- ☐ Elbow R L

Other: _____

01242017

Patient Name: _____ Date: _____

The patient prescribed medication:

Heart healthy diet encouraged

Consults:

() EKG

Indications:

() Neurology

Indications:

() _____

Indications:

(☒) Follow-up in 3-4 weeks

Prognosis: _____ Excellent; _____ Good; _____ Fair; _____ Poor; (☒) Guarded

Disability:

____ Patient is partially disabled

____ Mild 25-49%

____ Moderate 50-74%

____ Marked 75-99%

____ Patient is totally disabled

Casualty:

According to my best judgment, the history given by the patient is accurate and the above mentioned accident seems to be causative factor of patient's symptomology.

DISABILITY & PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings that the above noted injuries were sustained/aggravated in the accident that occurred on / / , and the disability resulting from it is/may be of a temporary/permanent nature. The prognosis for a complete recovery is presently (**cautiously optimistic/guarded**).

DISCHARGE:

The patient was discharged from treatment on _____ because

____ Patient's no-fault benefits was cut off

____ Patient has reached the medical maximum improvement

F. Harrison
Renee Ann Denobrega

01242017
RENEE ANN DENOBREGA

Patient Name: _____ Date: 1/12/17

TREATMENT:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten).

The following treatment modalities are being applied individually or in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections:
Indications: _____
- ☒ Trigger Point Injections: (L) E.S. muscle TP elicited
Indications: _____
- ☒ Dry Needling: diffuse tension/spasms/tenderness C spine + L spine
Indications: _____
- ☐ Facet Joint Injections:
Indications: _____
- ☐ Platelet Rich Plasma Injections:
Indications: _____
- ☐ Epidural Injections:
Indications: _____

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☒ Surface anatomy technique
- ☐ Radiology anatomy technique (C-Arm)

USING: ☒ Lidocaine ☐ Depomedrol 40 mg/cc ☐ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

01242017

Patient Name: _____ Date: _____

RT	LT	HEAD AND NECK MUSCLES
2	2	Trapezius Muscle
		Sternocleidomastoid Muscle
		Masseter Muscle
		Temporalis Muscle
		Media (Internal) Pterygoid Muscle
		Lateral (External) Pterygoid Muscle
		Digastric Muscle
		Cutaneous II: Occipitofrontalis
2	2	Splenius Capitis & Splenius Cervicis Muscles
2	2	Posterior Cervical Muscle
2	2	Semispinal Capitis, Semispinalis Cervicis & Multifidus
2	2	Suboccipital Muscles
		Recti Capitis Posterior Major & Minor, Obliqui Inferior and Superior

RT	LT	LUMBAR PARASPINAL MUSCLES
2	2	Erectors Spinae
2	2	Iliocostalis Thoracicus
2	2	Iliocostalis Lumborum
2	2	Semispinalis
2	2	Multifidi Muscles
2	2	Rotatores Muscle
2	2	Gluteus Muscles
2	2	Quadratus Lumborum
2	2	Longissimus

RT	LT	UPPER, BACK, SHOULDER AND ARM MUSCLES
		Levator Scapulae Muscle
		Scalene Muscles
		Supraspinatus Muscle
		Infraspinatus Muscle
		Teres Minor Muscle
		Teres Major Minor
		Latissimus Dorsi Muscle
		Subscapularis Muscle
		Rhomboideus Major&Minor Muscle
		Deltoid Muscle
		Coracobrachialis Muscle
		Biceps Brachii Muscle
		Brachialis Muscle

RT	LT	ELBOW TO FINGER MUSCLES
		Hand extensor & brachioradialis muscles
		Finger Extensor Muscles
		Extensor Digitorum & Extensor Indicis
		Supinator Muscle
		Hand & Finger Flexors in the Forearm
		Flexores Carpi Radialis & Ulnaris, Flexores Digitorum
		Superficialis & Profundus, Flexor Pollicis
		Longus (Pronator Teres)
		Adductor & Opponens Pollicis Muscles; Trigger Thumb
		Interosseous Muscles of the Hand
		Hand extensor & brachioradialis muscles

RT	LT	TORSO MUSCLES
		Pectoralis Major Muscle (Subclavius Muscle)
		Pectoralis Minor Muscle
		Sternalis Muscle
		Serratus Posterior Superior Muscle
		Serratus Anterior Muscle
		Serratus Posterior Inferior Muscle
		Thoracolumbar Paraspinal Muscles
		Abdominal Muscles

Patient Name: _____ Date: _____

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or brunch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input checked="" type="checkbox"/> 20552	Injection one or two muscles		
<input type="checkbox"/> 20553	Injection three or more muscles		

CODE	DESCRIPTION	RIGHT	LEFT
<input checked="" type="checkbox"/> 20999	Dry Needling	28	28
<input type="checkbox"/> 76942	Ultrasound		
<input type="checkbox"/>	Platelet Rich Plasma Injection		
<input type="checkbox"/> 20610	Intra Articular/Injection Shoulder		
<input type="checkbox"/> 20610	Intra Articular Injection Knee		
<input type="checkbox"/> 64633	C-Spine Facet Joint Injection Single		
<input type="checkbox"/> 64634	C Facet Joint Injection Additional		
<input type="checkbox"/> 64633	T-Facet Joint Injection Single		
<input type="checkbox"/> 64634	T Facet Joint Injection Additional		
<input type="checkbox"/> 64635	L-Facet Joint injection Single		
<input type="checkbox"/> 64636	L Facet Joint Injection Additional		
<input type="checkbox"/> 64635	S-Facet Joint Injection Single		
<input type="checkbox"/> 64636	S Facet Joint Injection Additional		
<input checked="" type="checkbox"/> 97026	Application of a modality to 1 or more areas; Infrared		

F. Harrison, MD
Renée Ann Denobrega

RENEE ANN DENOBREGA, N.P. 01243017

Patient Name: _____ Date: _____

Number of cartridge injected:

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via 3cc syringe with a 1- 1/2 x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

- ☒ Patient tolerated the procedure well
- ☐ Patient developed a mild transient lightheadedness of a few minutes duration
- ☐ No complications, no complains
- ☐ Other: _____

Physician's Signature: _____

RENEE ANN DENOBREGA, N.P.

01242017

Exhibit 29

VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE
(This form is not for verification of hospital treatment)

STATE FARM
PO BOX 106107
ATLANTA GA 30348-6107

date	policyholder	policy number	date of accident	claim number
02/09/2015			08-24-2014	516 B592

Francis J. Lacina M.D.
1786 Flatbush Ave
Brooklyn, NY 11210

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE, THIS COMPLETED FORM MUST BE SUBMITTED TO THE INSURER AS SOON AS REASONABLY POSSIBLE BUT NO LATER THAN 45 DAYS OR 180 DAYS AFTER THE TREATMENT DATE, DEPENDING UPON THE POLICY ENDORSEMENT IN EFFECT AT THE TIME OF THE ACCIDENT. IF YOU ARE UNSURE OF THE APPLICABLE TIME REQUIREMENT, KINDLY CONTACT THE CLAIMS REPRESENTATIVE TO DETERMINE WHICH DEADLINE IS APPLICABLE TO THIS CLAIM.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES.

1. patient's name and address

[REDACTED]

2. date of birth 3. sex 4. occupation (if known)

[REDACTED] 0

F

5. diagnosis and concurrent conditions

847.0 cervical sprain and strain

724.9 Lumbar Derangement

717.89 KNEE DERANGEMENT

6. when did symptoms appear

date: 08/24/2014

7. when did patient first consult you for this condition?

date: 01/22/2015

8. has patient ever had same or similar condition?

No

If "Yes", state when and describe:

9. is condition solely a result of this automobile accident?

Yes

If "No", explain:

10. is condition due to injury arising out of patient's employment?

No

11. will injury result in significant disfigurement or permanent disability?

Not Determinable at this time

If "Yes", describe:

12. patient was disabled (unable to work)

from: through

13. if still disabled the patient should be able to return to work on

date: Unknown

VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE

1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75
1/22/2015	Office	ADDL NEEDLING OF QUADRATUS LU	20999.79	\$75

Total Charges To Date: \$5,193.95

16. If treating provider is different than billing provider complete the following:

Treating Provider's Name	Title	License or Certification No.	Business Relationship Check Applicable Box		
FRANCIS J. LACINA M.D.		266071	Employee	Independent Contractor	Other (specify) SELF

17. If the provider of service is a professional service corporation or doing business under an assumed name (DBA). List the owner and professional licensing credentials of all owners (Provide an additional attachment if necessary)

FRANCIS J. LACINA M.D. Medicine and Surgery

18. Is patient still under your care for this condition?

Yes

19. estimated duration of future treatment:

Unknown

PATIENT: Your health provider may agree to accept payment for health services performed directly from your insurer (Authorization to Pay Benefits) so that you are not required to make payment to the health provider at the time of service. Such agreement is optional on the part of the health provider and must be signed by both patient and health provider. You may use the optional authorization language provided below, by checking off the designated spot in item 20 of this form.

20. (IF YOU HAVE CHOSEN TO AUTHORIZE THE DIRECT PAYMENT OF BENEFITS BY CHECKING THIS OPTION, YOU MAY NOT ALSO ENTER INTO AN ASSIGNMENT OF BENEFITS CONTAINED IN #21)

AUTHORIZATION TO PAY BENEFITS:

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICES DESCRIBED BELOW. I RETAIN ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW.

PRINT NAME _____ SIGNED _____

PATIENT

PATIENT

DATE

PATIENT: Your health provider may agree to have you assign your right to No-Fault benefits from your insurer directly to your health provider (Assignment of Benefits). If you and your health provider agree to an assignment of benefits, you must both sign the agreement contained in # 21 or the prescribed NF-AOB form or its equivalent. The language contained in the assignment of benefits is mandatory and may not be altered or avoided by any other language added to this agreement or other written agreement.

21. ☒ (IF YOU HAVE CHOSEN TO ASSIGN YOUR BENEFITS TO THE HEALTH PROVIDER BY CHECKING THIS OPTION, YOU MAY NOT ALSO ENTER INTO AN AUTHORIZATION TO PAY BENEFITS CONTAINED IN ITEM #20 ABOVE)

ASSIGNMENT OF NO-FAULT BENEFITS:

I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO PAYMENT FOR HEALTH CARE SERVICES PROVIDED BY THE ASSIGNEE TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT STATUTE) OF THE INSURANCE LAW. THE ASSIGNEE HEREBY CERTIFIES THAT THEY HAVE NOT RECEIVED ANY PAYMENT FROM OR ON BEHALF OF THE ASSIGNOR AND SHALL NOT PURSUE PAYMENT DIRECTLY FROM THE ASSIGNOR FOR SERVICES PROVIDED BY SAID ASSIGNEE FOR INJURIES SUSTAINED DUE TO THE MOTOR VEHICLE ACCIDENT, NOTWITHSTANDING ANY OTHER AGREEMENT TO THE CONTRARY. THIS AGREEMENT MAY BE REVOKED BY THE ASSIGNEE WHEN BENEFITS ARE NOT PAYABLE BASED UPON THE ASSIGNOR'S LACK OF COVERAGE AND/OR VIOLATION OF A POLICY CONDITION DUE TO THE ACTIONS OR CONDUCT OF THE ASSIGNOR

Exhibit 30

JULES F. PARISIEN MD

LICENSE# 111735

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

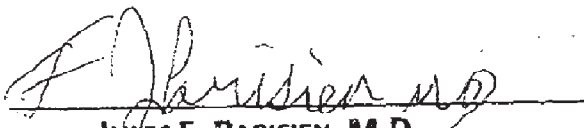
TEL: 929-333-9955

Patient's Name: [REDACTED]

DOA: 8/18/2014

MEDICAL SUPPLY PRESCRIPTION

- | | |
|--|--|
| <input type="checkbox"/> Ankle Support | <input type="checkbox"/> Infrared Heating Lamp |
| <input type="checkbox"/> Arm Support | <input checked="" type="checkbox"/> LSO |
| <input checked="" type="checkbox"/> Bed Board | <input checked="" type="checkbox"/> Lumbar Cushion |
| <input checked="" type="checkbox"/> Cervical Collar, (2ps) | <input checked="" type="checkbox"/> LSO APL (Custom Fitted) |
| <input checked="" type="checkbox"/> Cervical Pillow | <input type="checkbox"/> Massager |
| <input type="checkbox"/> Cold/Hot Pack | <input checked="" type="checkbox"/> Knee Support |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> K.O. (Custom Fitted) |
| <input type="checkbox"/> Cane | <input checked="" type="checkbox"/> Shoulder Support |
| <input type="checkbox"/> Car Seat | <input checked="" type="checkbox"/> Therapeutic Electric Heating |
| <input checked="" type="checkbox"/> Mattress | Pad |
| <input type="checkbox"/> Elbow Support | <input type="checkbox"/> Hydrotherapy |
| <input type="checkbox"/> E.M.S. Unit | <input type="checkbox"/> Wrist Support |
| <input type="checkbox"/> E.M.S. Belt | |
| <input type="checkbox"/> Other: _____ | |


JULES F. PARISIEN, M.D.

Date

09152014

MADISON PRODUCTS OF U.S.A INC

747 3RD AVE FL 2 NEW YORK, NY 10017

DELIVERY RECEIPT

PATIENT NAME: X

DATE OF BIRTH: X

DATE OF ACCIDENT: X

8/12/14

ADDRESS: X

Number and Street

City

State

Zip Code

DELIVERY ORDER LIST

1	CERVICAL COLLAR FOAM- 2 PIECES W/THOR
1	CERVICAL PILLOW
1	LSO
1	LUMBAR CUSHION
1	BED BOARD
1	THERMOPHORE- ELECTRICAL HEAT PAD MOIST
1	MATTRESS

I have received equipments and supplies listed above along with instructions on use case of it. I indicate that **MADISON PRODUCTS OF USA INC** cannot be held responsible for any inappropriate use of this equipment or supplies.

SIGNATURE OF PATIENT

DATE OF SIGNATURE

9/12/14 9/2/14

09152014

MADISON PRODUCTS OF U.S.A INC

747 3RD AVE FL 2 NEW YORK, NY 10017

DELIVERY RECEIPT

PATIENT NAME: 
DATE OF BIRTH:  DATE OF ACCIDENT: 
ADDRESS: 
Number and Street City State Zip Code

DELIVERY ORDER LIST

1	ADVANCED CERVICAL COLLAR

I have received equipments and supplies listed above along with instructions on use case of it. I indicate that **MADISON PRODUCTS OF USA INC** cannot be held responsible for any inappropriate use of this equipment or supplies.


SIGNATURE OF PATIENT

 9/2/14
DATE OF SIGNATURE

09152014

JULES F. PARISIEN MD

LICENSE# 111735

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

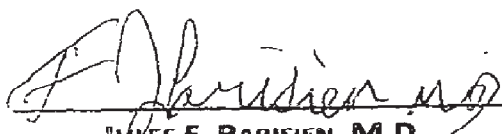
TEL: 929-333-9955

Patient's Name: _____

DOA: 2/18/4

MEDICAL SUPPLY PRESCRIPTION

- | | |
|--|---|
| <input type="checkbox"/> Ankle Support | <input type="checkbox"/> Infrared Heating Lamp |
| <input type="checkbox"/> Arm Support | <input type="checkbox"/> LSO |
| <input type="checkbox"/> Bed Board | <input type="checkbox"/> Lumbar Cushion |
| <input checked="" type="checkbox"/> Cervical Collar, (2ps) | <input type="checkbox"/> LSO APL (Custom Fitted) |
| <input type="checkbox"/> Cervical Pillow | <input type="checkbox"/> Massager |
| <input type="checkbox"/> Cold/Hot Pack | <input checked="" type="checkbox"/> Knee Support |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> K.O. (Custom Fitted) |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Shoulder Support |
| <input type="checkbox"/> Car Seat | <input type="checkbox"/> Therapeutic Electric Heating |
| <input type="checkbox"/> Mattress | <input type="checkbox"/> Pad |
| <input type="checkbox"/> Elbow Support | <input type="checkbox"/> Hydrotherapy |
| <input type="checkbox"/> E.M.S. Unit | <input type="checkbox"/> Wrist Support |
| <input type="checkbox"/> E.M.S. Belt | |
| <input type="checkbox"/> Other: _____ | |


JULES F. PARISIEN, M.D.

Date

09152014

MADISON PRODUCTS OF U.S.A INC

747 3RD AVE FL 2 NEW YORK, NY 10017

DELIVERY RECEIPT

PATIENT NAME: ✓

[REDACTED]

DATE OF BIRTH: ✓

[REDACTED]

DATE OF ACCIDENT: ✓

8/18/14

ADDRESS: ✓

[REDACTED]

Number and Street

City

State

Zip Code

DELIVERY ORDER LIST

1	ORTHOTIC KNEE SUPPORT / FITTED

I have received equipments and supplies listed above along with instructions on use case of it. I indicate that **MADISON PRODUCTS OF USA INC** cannot be held responsible for any inappropriate use of this equipment or supplies.

SIGNATURE OF PATIENT

DATE OF SIGNATURE

09152014

JULES F. PARISIEN MD

LICENSE# 111735

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

TEL: 929-333-9955

Patient's Name: _____

DOA: 8/18/2014

MEDICAL SUPPLY PRESCRIPTION

☐ Ankle Support

☐ Infrared Heating Lamp

☐ Arm Support

☐ LSO

☐ Bed Board

☐ Lumbar Cushion

☐ Cervical Collar, (2ps)

☒ LSO APL (Custom Fitted)

☐ Cervical Pillow

☐ Massager

☐ Cold/Hot Pack

☐ Knee Support

☐ Crutches

☐ K.O. (Custom Fitted)

☐ Cane

☐ Shoulder Support

☐ Car Seat

☐ Therapeutic Electric Heating

☐ Mattress

☐ Pad

☐ Elbow Support

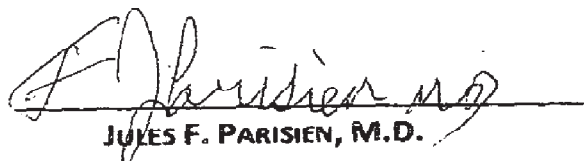
☐ Hydrotherapy

☐ E.M.S. Unit

☐ Wrist Support

☐ E.M.S. Belt

☐ Other: _____


JULES F. PARISIEN, M.D.

Date

09152014

MADISON PRODUCTS OF U.S.A INC

747 3RD AVE FL 2 NEW YORK, NY 10017

DELIVERY RECEIPT

PATIENT NAME: X [REDACTED]

DATE OF BIRTH: X [REDACTED] DATE OF ACCIDENT: X 8/18/14

ADDRESS: X [REDACTED]
Number and Street City State Zip Code

DELIVERY ORDER LIST

1	LUMBAR SUPPORT ORTHOSIS APL CONTROL, CUSTOM FITTED

I have received equipments and supplies listed above along with instructions on use case of it. I indicate that, **MADISON PRODUCTS OF USA INC** cannot be held responsible for any inappropriate use of this equipment or supplies.

X [REDACTED]
SIGNATURE OF PATIENT

X 9-2-14
DATE OF SIGNATURE

09152014

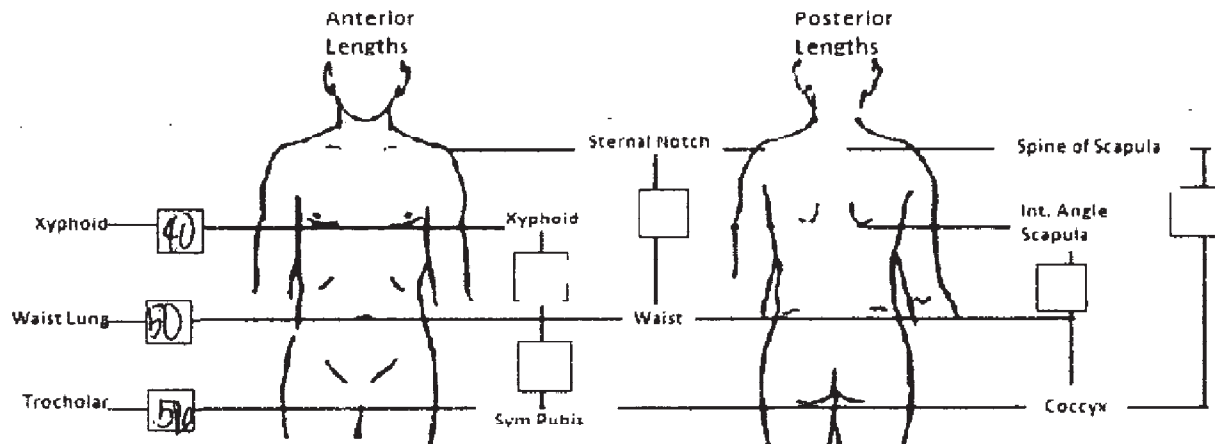
MADISON PRODUCTS OF U.S.A INC

747 3RD AVE FL 2 NEWYORK, NY 10017

DATE: 9-2-14

PATIENT'S NAME: [REDACTED]

CUSTOM LSO APL CONTROL SIZING CHART



[Signature]

SIGNATURE OF PATIENT

9-2-14
DATE OF SIGNATURE

09152014

Exhibit 31

JULES F. PARISIEN MD

LICENSE# 111735

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

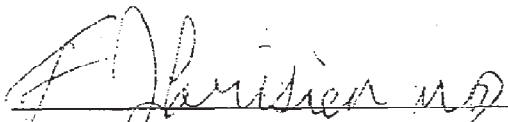
TEL: 929-333-9955

Patient's Name: _____

DOA: 8/18/2014

MEDICAL SUPPLY PRESCRIPTION

- | | |
|---|---|
| <input type="checkbox"/> Ankle Support | <input type="checkbox"/> Infrared Heating Lamp |
| <input type="checkbox"/> Arm Support | <input type="checkbox"/> LSO |
| <input type="checkbox"/> Bed Board | <input type="checkbox"/> Lumbar Cushion |
| <input type="checkbox"/> Cervical Collar, (2ps) | <input type="checkbox"/> LSO APL (Custom Fitted) |
| <input type="checkbox"/> Cervical Pillow | <input checked="" type="checkbox"/> Massager |
| <input type="checkbox"/> Cold/Hot Pack | <input type="checkbox"/> Knee Support |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> K.O. (Custom Fitted) |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Shoulder Support |
| <input type="checkbox"/> Car Seat | <input type="checkbox"/> Therapeutic Electric Heating |
| <input type="checkbox"/> Mattress | <input type="checkbox"/> Pad |
| <input type="checkbox"/> Elbow Support | <input checked="" type="checkbox"/> Hydrotherapy |
| <input checked="" type="checkbox"/> E.M.S. Unit | <input type="checkbox"/> Wrist Support |
| <input type="checkbox"/> E.M.S. Belt | |
| <input type="checkbox"/> Other: _____ | |


JULES F. PARISIEN, M.D.

Date

09182014

MADISON PRODUCTS OF U.S.A INC

747 3RD AVE FL 2 NEWYORK, NY 10017

DELIVERY RECEIPT

PATIENT NAME: X

DATE OF BIRTH: X

DATE OF ACCIDENT: X

ADDRESS: X

Number and Street	City	State	Zip Code
-------------------	------	-------	----------

DELIVERY ORDER LIST

1	Hydrotherapy

I have received equipments and supplies listed above along with instructions on use case of it. I indicate that MADISON PRODUCT OF USA INC., cannot be held responsible for any inappropriate use of this equipment or supplies.


SIGNATURE OF PATIENT

9-8-14
DATE OF SIGNATURE

09182014

00122012

MADISON PRODUCTS OF U.S.A INC

747 3RD AVE FL 2 NEWYORK, NY 10017

DELIVERY RECEIPT

PATIENT NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

DATE OF ACCIDENT: 8/18/14

ADDRESS: [REDACTED]

Number and Street

City

State

Zip Code

DELIVERY ORDER LIST

1	EMS UNIT

I have received equipments and supplies listed above along with instructions on use case of it. I indicate that **MADISON PRODUCT OF USA INC.**, cannot be held responsible for any inappropriate use of this equipment or supplies.

[REDACTED]
SIGNATURE OF PATIENT

9-8-14
DATE OF SIGNATURE

Exhibit 32

JULES F. PARISIEN M.D.

LICENSE# 111735

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

TEL: 929-333-9955

Patient's Name: 

DOB: 08/13/14

MEDICAL SUPPLY PRESCRIPTION

☒ Cervical Traction Unit

No Frame/No Stand

Pneumatic compressor

Non-segmental, home


JULES F. PARISIEN, M.D.

8/20/14
Date

09302014

Quality Custom Medical Supply, Inc.

33 Ave U
Brooklyn, NY 11223
Tel: 718-676 5092
Fax: 718-676 5093

DELIVERY RECEIPT

Patient Name: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

DOA: 8/18/2014

Insurance Co: State Farm Insurance Company
P.O. Box 106107 Atlanta, GA 30348

Claim#: 324V88507

Policy#:

PolicyHolder:

Delivery Order List

1	Cervical Traction Unit w/ pump

I have received equipments and supplies listed above along with instructions on use case of it.

I indicate that Quality Custom Medical Supply, Inc. cannot be held responsible for any inappropriate use of this equipment or supplies.

Signature

[REDACTED]

JULES F. PARISIEN M.D.

LICENSE# 111735

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

TEL: 929-333-9955

Patient's Name: 

DOA: 08/18/14

MEDICAL SUPPLY PRESCRIPTION

Cervical Traction Unit

No Frame/No Stand

☒ Pneumatic compressor

Non-segmental, home


JULES F. PARISIEN, M.D.

8/20/14

Date

09302014

Quality Custom Medical Supply, Inc.

33 Ave U
Brooklyn, NY 11223
Tel: 718-676 5092
Fax: 718-676 5093

DELIVERY RECEIPT

Patient Name: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

DOA: 8/18/2014

Insurance Co: State Farm Insurance Company
P.O. Box 106107 Atlanta, GA 30348

Claim#: 324V88507

Policy#:

PolicyHolder:

Delivery Order List

1	Pneumatic Compressor, Non-Segmental, Home

I have received equipments and supplies listed above along with instructions on use case of it.

I indicate that Quality Custom Medical Supply, Inc. cannot be held responsible for any
inappropriate use of this equipment or supplies.

Signature [REDACTED]

Exhibit 33

KSENIA PAVLOVA D.O
license# 270110
1786 FLATBUSH AVENUE, BROOKLYN, NY 11210
TEL: 929-333-9955

Patient's Name: _____

DOA: _____

MEDICAL SUPPLY PRESCRIPTION

☐ Ankle Support

☐ Arm Support

☒ Bed Board

☒ Cervical Collar, (2ps)

☐ Cervical Pillow

☐ Cold/Hot Pack

☐ Crutches

☐ Cane

☐ Car Seat

☒ Mattress

☐ Elbow Support

☐ E.M.S. Unit

☐ E.M.S. Belt

☒ Other: ordered cervical collar

☐ Infrared Heating Lamp

☒ LSO

☒ Lumbar Cushion

☒ LSO APL (Custom Fitted)

☒ Massager

☐ Knee Support

☐ K.O. (Custom Fitted)

☐ Shoulder Support

☒ Therapeutic Electric Heating
Pad

☐ Whirlpool

☐ Wrist Support


KSENIA PAVLOVA D.O.

Date

03252014

Exhibit 34

Flatbush Medical Center
1786 Flatbush Ave
Brooklyn, NY 11210
Tel: (929)333-9955

LIC.# 111735

Patient: [REDACTED]
Claim: 52573V785
DOL: 12/15/2014
DOS: 12/29/2014

LETTER OF MEDICAL NECESSITY

To whom it may concern:

This letter is in response to your request for justification of medical necessity for the prescribed durable orthopedic supportive devices and portable physiotherapeutic modalities. Patient named above has been under my care for injuries sustained in a motor vehicle related accident which occurred 12/15/2014.

The patient was started on complex physical therapy including heat modalities, Electrical stimulation, ultrasound, massage to the cervical and lumbar-sacral region. The patient has demonstrated some response to physiotherapy, however still experience pain. The patient has difficulty in performing many daily activities due to the neck and lower back pain.

Since our goal is to make patient functionally independent and decrease pain, I prescribed the following medical equipment:

CERVICAL TRACTION UNIT - to alleviate compression of intervertebral roots by distracted vertebrae, to reduce pain and improve neuromuscular function and lubricate the joints.

It is my statement that all of the described devices and equipment were prescribed by me personally to my patient [REDACTED]. It is my professional opinion that all of the prescribed items should have benefit for the symptoms and pathology presented by the patient, and I hope that it will help to achieve full restoration of musculoskeletal neurological functions.

Should you have any further questions or require additional information, please do not hesitate to contact me at the telephone number listed above.

Sincerely,


Dr. Jules F. Parisien M.D.

02252015

Flatbush Medical Center
1786 Flatbush Ave
Brooklyn, NY 11210
Tel: (929)333-9955

LIC.# 111735

Patient: [REDACTED]
Claim: 52573V785
DOL: 12/15/2014
DOS: 12/29/2014

LETTER OF MEDICAL NECESSITY

To whom it may concern:

This letter is in response to your request for justification of medical necessity for the prescribed durable orthopedic supportive devices and portable physiotherapeutic modalities. Patient named above has been under my care for injuries sustained in a motor vehicle related accident.

The patient was started on complex physical therapy including heat modalities, Electrical stimulation, massage to the lumbar-sacral region. The patient has demonstrated some reasons to physiotherapy, however still experience pain. The patient has difficulty in performing many daily activities due to the lower back pain.

Since our goal is to make patient functionally independent and decrease pain, I prescribed the following medical equipment:

PNEUMATIC COMPRESSOR - Alleviates pressure on the compressed nerves. Helps muscles relax and reduces muscle spasms. Traction increases the space between vertebrae - reducing pressure on the intervertebral discs and nerve root.

It is my statement that all of the described devices and equipment were prescribed by me personally to my patient [REDACTED]. It is my professional opinion that all of the prescribed items should have benefit for the symptoms and pathology presented by the patient, and I hope that it will help to achieve full restoration of musculoskeletal neurological functions.

Should you have any further questions or require additional information, please do not hesitate to contact me at the telephone number listed above.

Sincerely,


Dr. Jules F. Parisien M.D.

02252015

Exhibit 35

Plaintiff Standardized	No. of Lawsuits	1468 Flatbush	1786 Flatbush
JULES FRANCOIS PARISEN, M.D.	7994	X	X
CHARLES DENG ACUPUNCTURE, P.C.	3291		X
ACTIVE CARE MEDICAL SUPPLY CORP.	3034	X	
COMPASS MEDICAL, P.C.	2856	X	
KSENIYA PAVLOVA, D.O.	2729	X	X
LONGEVITY MEDICAL SUPPLY INC	2367		
ALLEVIATION MEDICAL SERVICES P.C.	1831	X	
HEALTH WAY MEDICAL CARE, P.C.	1666	X	
PIERRE J RENELIQUE MD, P.C.	1566	X	
ISLAND LIFE CHIROPRACTIC PAIN CARE , PLLC	1515		X
NOEL E BLACKMAN , M.D.	1451	X	X
TAM MEDICAL SUPPLY CORP	1354		
JPF MEDICAL SERVICES P.C.	1342	X	X
RIGHT AID MEDICAL SUPPLY CO.	1250		
JFL MEDICAL CARE, P.C.	1140	X	X
NEW WAY MEDICAL SUPPLY , CORP	1092	X	
MARIA S MASIGLA, P.C.	1077	X	X
NATURAL THERAPY ACUPUNCTURE, P.C.	1046	X	
ACUPUNCTURE NOW, P.C.	1042	X	
GREAT HEALTH CARE CHIROPRACTIC , P.C.	1007		
MAIGA PRODUCTS, CORP.	980		X
VERASO MEDICAL SUPPLY, CORP	978		
DARREN T. MOLLO, D.C.	956		X
T & S MEDICAL SUPPLY CORP	929		
UGP ACUPUNCTURE, P.C	927	X	
PFJ MEDICAL CARE P.C.	919	X	X
CHAPA PRODUCTS, CORP	875		
ALLAY MEDICAL SERVICES P.C.	850	X	X
DAILY MED EQUIPMENT DISTRIBUTION CTR , INC.	781		
HEALING ART ACUPUNCTURE, P.C.	745		
SS MEDICAL CARE, P.C.	725		
HEALTH NEEDLES ACUPUNCTURE, P.C.	705		
RA MEDICAL SERVICES, P.C.	692	X	X
PERFORMANCE PLUS MEDICAL, P.C.	657		
MADISON PRODUCTS OF USA INC.	637		X
GL ACUPUNCTURE, P.C.	624		
JAIME G. GUTIERREZ	618	X	
SOLUTION BRIDGE, INC	598		
FLATBUSH CHIROPRACTIC, P.C.	590	X	
FJL MEDICAL SERVICES, P.C.	585	X	X
GREENWAY MEDICAL SUPPLY CORP.	580	X	
OCEAN VIEW MEDICAL CARE, P.C.	569		
SAMA PHYSICAL THERAPY , P.C.	569	X	
LUQMAN DABIRI , MD	566	X	X
LIDA'S MEDICAL SUPPLY, INC	549		
J. C. HEALING TOUCH REHAB, P.C.	537		
DIRECT CHIROPRACTIC CARE, P.C.	534		
ACTION POTENTIAL CHIROPRACTIC, PLLC	533	X	
ACUPUNCTURE HEALTHCARE PLAZA I, P.C.	532		
GBI ACUPUNCTURE, P.C.	530		
FRANCIS J. LACINA, M.D.	529	X	X
SB CHIROPRACTIC, P.C	529	X	
T & J CHIROPRACTIC, P.C.	527	X	
ZENAIDA A REYES- ARGUELLES , M.D.	515	X	

Plaintiff Standardized	No. of Lawsuits	1468 Flatbush	1786 Flatbush
JOHN A. NASRINPAY	497		
LMS ACUPUNCTURE, P.C.	478		
ACH CHIROPRACTIC, P.C.	476	X	X
ARGUELLES M.D., P.C.	475	X	
EMC HEALTH PRODUCTS , INC	455		
SOVERA MEDICAL SUPPLY CORP	453		
METRO PAIN SPECIALIST, P.C.	447		
GENTLECARE AMBULATORY ANESTHESIA SERVICES	444		
SK PRIME MEDICAL SUPPLY , INC	426		
ADELAIDA M. LAGA, P.T.	406	X	
DELTA DIAGNOSTIC RADIOLOGY , P.C.	399		
TRUE ALIGN CHIROPRACTIC CARE, P.C.	379		
EXCEL PRODUCTS, INC	377		
ADELAIDA PHYSICAL THERAPY, P.C.	375	X	
METRO HEALTH PRODUCTS , INC	357		
JCC MEDICAL, P.C.	350	X	
MSB PHYSICAL THERAPY, P.C.	334	X	X
HARRY KEITH MONROE M.D.	328		
ULTIMATE HEALTH PRODUCTS, INC.	325		
BARAKAT P.T., P.C.	314		
QUALITY HEALTH SUPPLY CORP	312	X	X
FIRST ALTERNATIVE PLM ACUPUNCTURE, P.C.	302		
ART OF HEALING MEDICINE , P.C.	300		
TOTAL CHIROPRACTIC, P.C.	295		
HARMONY MEDICAL CARE, P.C.	290		
WELL CARE MEDICAL EQUIPMENT LLC	281		
JEAN CLAUDE COMPAS, MD	279	X	
ZG CHIROPRACTIC CARE , P.C.	274		
FLATLANDS MEDICAL P.C.	273		
SP ORTHOTIC SURGICAL & MEDICAL SUPPLY, INC.	272		
WELLMAX PRODUCTS CORP	266		
STARLITE ACUPUNCTURE, P.C.	265		
ABSOLUTE MEDICAL SUPPLIES, INC.	264		
HANDS ON PHYSICAL THERAPY CARE	261		
PRAVEL, INC.	260		
ELMONT REHAB P.T., P.C.	256		
ABC PHYSICAL THERAPY, P.C.	255		
R. E. CHIROPRACTIC SERVICES, PLLC	251		
NYC ACUPUNCTURE, P.C.	246		
COLUMBUS IMAGING CENTER LLC	241		
TREKA MEDICAL , P.C.	241		
CAREFUL COMPLETE MEDICAL, P.C.	239		
PRO ADJUST CHIROPRACTIC, PC	231		
VLADENN MEDICAL SUPPLY CORP	228	X	
AB QUALITY HEALTH SUPPLY CORP	226	X	X
SHAFAI ACUPUNCTURE, P.C.	226		
CAUTIOUS CARE MEDICAL, P.C.	219		
SHARA ACUPUNCTURE, P.C.	218		
ENERGY CHIROPRACTIC, P.C.	215	X	X
FIRST SPINE CHIROPRACTIC OF NY, PC.	211		
ULTIMATE CARE CHIROPRACTIC, P.C.	210		
MAXFORD, INC	207		
COMPREHENSIVE CARE PHYSICAL THERAPY, P.C.	204		
NEW ROCHELLE MEDICAL, P.C.	200		

Plaintiff Standardized	No. of Lawsuits	1468 Flatbush	1786 Flatbush
FLUSHING TRADITIONAL ACUPUNCTUR E , P.C.	194		
AHMED MEDICAL CARE, P.C.	193		
BURKE PHYSICAL THERAPY, P.C.	192		
FAVORITE HEALTH PRODUCTS, INC.	191		
MILKY WAY ACUPUNCTURE, P.C.	184		
NOVA ACUPUNCTURE P.C.	182		
NEW QUAILTIY MEDICAL, P.C.	179		
AKNY PHYSICAL THERAPY, PLLC	174		
KINGS REHAB ACUPUNCTURE, P.C.	168		X
SEO HAN MEDICAL P.C.	166		
BAYSHORE CHIROPRACTIC, P.C.	165		
HARVARD MEDICAL , P.C.	165		
ULTRA ORTHO PRODUCTS, INC.	163		
MEDEX HEALTH SUPPLY, INC.	162		
PT OUTCOME, P.T., P.C.	161		
BROWNSVILLE MEDICAL, P.C.	160		
YUMI ACUPUNCTURE, PC	159		
RELIABLE PHYSICAL THERAPY, P.C.	154		
VESPA SUPPLY, INC	154		
FIRST CARE MEDICAL EQUIPMENT, LLC	152		
REGAL ACUPUNCTURE, P.C.	152		
RESTORATION CHIROPRACTIC, P.C.	152		
UTICA COMPREHENSIVE MEDICAL, P.C.	151		
NEW YORK MANUAL, P.T, P.C.	149		
DSD ACUPUNCTUR E P.C.	146		
GAO ACUPUNCTURE, P.C.	144		
BRONX CHIROPRACTIC SERVICES, P.C.	141		
BIG APPLE ORTHO PRODUCTS, INC.	139		
JPC MEDICAL, P.C.	137		
HU'S ACUPUNCTURE & MASSAGE, P.C.,	136		
M.H.Z. PHYSICAL THERAPY, P.C.	136		
WAVE MEDICAL SERVICES, P.C.	135		
OMPHIL CARE, INC.	133	X	
MORRIS PARK PRIMARY MEDICAL CARE, P.C.	129		
SANFORD CHIROPRACTIC, P.C.	129		
JAGA MEDICAL SERVICES , P.C.	128		
PRIMAVERA PHYSICAL THERAPY, P.C.	128		
MIND & BODY ACUPUNCTURE , P.C.	127		
VINCENT MEDICAL SERVICES, P.C.	123		
ADVANTAGE HEALTH MEDICAL, P.C.	122		
SURE WAY NY INC	121		
KJC CHIROPRACTIC, P.C.	120		
NIDA AHMAD	120	X	
MIRA ACUPUNCTURE, P.C.	114		
CITY CARE PHYSICAL THERAPY, P.C.	113		
KP MEDICAL CARE, P.C.	112	X	X
HEALING HEALTH PRODUCTS, INC.	111		
HORIZON P.T. CARE, P.C.	111		
BURKE 2 PHYSICAL THERAPY, P.C.,	110		
GC CHIROPRACTIC P.C.	110		
BREFNI CHIROPRACTIC DIAGNOSTICS P.C.	109		
FAITH ACUPUNCTURE, P.C.	109		
LORAC CHIROPRACTIC SERVICES, PC	107		
BROOK CHIROPRACTIC OF NY, P.C.	106		

Plaintiff Standardized	No. of Lawsuits	1468 Flatbush	1786 Flatbush
CANARSE CHIROPRACTIC, P.C.	106		
BQE ACUPUNCTURE, P.C.	104		
BRONX CHIROPRACTIC REHABILITATION, P.C.	104		
EMPIRE STATE MEDICAL, P.C.	104		
SUNNY MEDICAL CARE OF NY, PC	104		
GREEN LAND ACUPUNCTURE	103		
HET MEDICAL, P.C.	100		
MMA PHYSICAL THERAPY, P.C	99		
MAXWELL CHIROPRACTIC, P.C.	98		
TAO ACUPUNCTURE P.C.	97		
BEACON ACUPUNCTURE, P.C.	96		
J.C PHYSICAL THERAPY, P.C	96		
AVM CHIROPRACTIC , P.C.	95		
DOMNY MEDICAL SERVICES, P.C	94		
FOUNTAIN DIAGNOSTIC MEDICAL, P.C.	92		
MIDWOOD TOTAL REHAB MEDICAL, P.C.	90		
LOGIC CHIROPRACTIC, P.C.	87		
NY CHIROPRACTIC DIAGNOSTICS PLLC	85		
ONE TO ONE REHAB PT P.C.	85		
PERSONAL HOME CARE PRODUCTS CORP	84	X	X
DOCTOR GOLDSHTEYN CHIROPRACTI C, P.C.	83		
PHYSICAL THERAPY OF QUEENS, P.C.	83		
UNLIMITED PRODUCTS, LTD	83		
REMEDY CHIROPRACTI C, P.C.	81		
FAMILY MEDICAL PRACTICE, P.C	80		
FREEDOM CHIROPRACTIC, P.C.	80		
RECOVERY PT REHAB, P.C.	80		
TRAPEZIUS DIAGNOSTIC CHIROPRACTIC, P.C.	80		
TROY CHIROPRACTIC, P.C.	80		
JY ACUPUNCTURE, P.C.	79		
PRIME LEADER, P.T., P.C.	78		
VSL ACUPUNCTURE, P.C.	78		
MILABO ACUPUNCTURE , P.C.	77		
KAZU ACUPUNCTURE, P.C.	76		
ZZ ACUPUNCTURE, P.C.	75		
MEDCARE SUPPLY, INC	71		
CAMPUS MEDICAL, P.C.	69		
INTERGRATED CHIROPRACTIC OF NY, PC.	69		
SPRING VALLEY ACUPUNCTURE, P.C.	69		
GLOBAL ACUPUNCTURE, P.C.	68		
UNITED MEDICAL OFFICE OF LONG ISLAND, P.C.	67		
NYS DIAGNOSTIC MEDICINE, P.C	66		
QUALITY REHAB AND P.T, P.C	66		
ANDREW NICHOLAS DEMAS	65		
BENTO ORTHO INC.	63		
LIBERTY CHIROPRACTIC , P.C.	63		
RIDGEWOOD HEALTHCARE MEDICAL P.C.	63		
NG ACUPUNCTUR E CARE, PC	62		
MOHAMED ATTYA	61	X	
SASAN FAMILY CHIROPRACTI C, P.C.	61		
AB MEDICAL SUPPLY, INC	59		
VISS SUPPLY, INC	59		
NORTHSIDE ACUPUNCTURE, P.C.	58		
BORIS TSATSKIS, M.D.	57		

Plaintiff Standardized	No. of Lawsuits	1468 Flatbush	1786 Flatbush
JJ Diagnostic Medical, P.C.	55		
MOLLO CHIROPRACTIC, PLLC	55		
OPTIMAL HEALTHCARE, LLC	54		
NEW ROCHELLE MEDICAL CARE, P.C	51		X
NL QUALITY MEDICAL , P.C.	51		
J. WELLNESS ACUPUNCTURE, P.C.	50		
NOVA MEDICAL DIAGNOSTIC, P.C	50		
SIGNIFICANT CARE PT, P.C	50		
ALL KIND PHYSICAL THERAPY, P.C.,	49		
JPM PHYSICAL THERAPY, P.C.	49		
PENN CHIROPRACTIC, P.C.	49		X
DR. JOSEPH J. MAZELLA, D.C.	48		
HABIBA P.T., PC.	47		
PALAFOX PT, P.C.	45		
RALLY CHIROPRACTIC, P.C.	45		
RDB MEDICAL CARE, P.C.	45		
ROLAND CHIROPRACTIC, P.C.	45		
APS CHIROPRACTIC SERVICES, P.C.	44		
HEAVEN & EARTH ACUPUNCTURE, P.C.	44		
LAWRENCE CHIROPRACTIC DIAGNOSTIC SERVICES, P.C	43		
WELLNESS PLAZA ACUPUNCTURE, P.C.	43		
AMEGA, INC	42		
HEALTHY LIFE CHIROPRACTIC	42		
FULL SPINE CHIROPRACTIC OF NY, P.C.	41		
MERIDIAN CHIROPRACTIC, P.C.	41		
ORIENTAL HEALTH ACUPUNCTURE , P.C.	41		
VITAL MERIDIAN ACUPUNCTURE, P.C.	41		
E AUGUST CHIROPRACTIC, P.C.	40		
NEW YORK WELLNESS CHIROPRACTIC, P.C	40		
NORTH CENTRAL CHIROPRACTIC, P.C.,	40		
PREFERRED ORTHO PRODUCTS, INC.	40		
SUPREME HEALTH CHIROPRACTIC, P.C.	40		
GREAT MEDICAL SERVICES, P.C.	39		
PRIME DIAGNOSTIC MEDICAL , P.C.	38		
MODERN CHIROPRACTIC SOLUTIONS, LLC	37		
LEOMAX SUPPLIES, INC	36		
RADWA PHYSICAL THERAPY, P.C.	36		
RIGHT AID MEDICAL SUPPLY CORP	36		
HEALTHWISE MEDICAL ASSOCIATES, P.C.	35		
STRATEGIC MEDICAL INITIATIVES, P.C.	35		X
UNIVERSAL MEDICAL OF NY, P.C.	35		
INFINITE ORTHO PRODUCTS, INC.	34		
JGG MEDICAL CARE , P.C.	34		
NTT MEDICAL, P.C.	34		
ALL ABOUT PHYSICAL THERAPY, P.C.	33		
CENTRAL SUPPLIES OF NY, CORP	33		
EAST ATLANTIC ACUPUNCTURE P.C.	33		
DUBLIN MEDICAL, P.C.	31		
ADJUST WITH CARE CHIROPRACTIC, P.C.	30		
F.S. REHAB, P.T., P.C,	30		
MAIN CARE PT, P.C.	30		
MEIS ACUPUNCTURE, P.C.	30		
AHMED, SHAIKH J.	29		
EZRA SUPPLY, INC	28		

Plaintiff Standardized	No. of Lawsuits	1468 Flatbush	1786 Flatbush
JEREMY M. WHITEFIELD, D.C.	28		
KALI ACUPUNCTURE, P.C.	28		
MILLDROP INC	28		
NEW BEGINNING CHIROPRACTIC, P.C.	28		
HEALTHYWAY MEDICAL CARE, P.C.	27		
METROPOLITAN MEDICAL SUPPLIES, LLC	27		
ARA MEDICAL CARE PC,	26		
ERIE AGUSTIN, M.D., P.C	26		
CORE REHAB & P.T., P.C.	25		
PRO BALANCE CHIROPRACTIC, P.C.	25		
AHMED MOHAMMED MOAMEN GHANEM	24		
ANDRE JOCELYN DUHAMEL, M.D	24		
NYC MADISON AVENUE MEDICAL, P.C.	24		
STRAIGHT UP CHIROPRACTIC, P.C.	23		
FIRST CARE CHIROPRACTIC, P.C.	22		
UNITED SPECIALITY PHARMACY INC.	22		
RIDGEWOOD MEDICAL DIAGNOSTIC, P.C.	21		
LIBERTY PARK CHIROPRACTIC, P.C.	20		
KONSTANTINO S ZARKADAS, M.D	19		
NORTH EAST EMPIRE MEDICAL, P.C.	19	X	
ST. MARK'S MEDICAL HEALTH CARE, PLLC	19		
EDUARD FUZAYLOV, M.D.	18		
JAMAICA CARE CHIROPRACTIC, P.C.	18		
QUALIFIED MEDICAL , P.C.	18		
LK HEALTH CARE PRODUCTS, INC.	17		
RWAN PT, P.C.	17		
FORESIGHT ACUPUNCTURE, P.C.	16		
FULL DIMENSION REHAB CARE P.T., P.C.	16		
GREEN HEIGHTS PHYSICAL THERAPY, P.C.	16		
IN MOTION CHIROPRACTIC, P.C	16		
JAMES CREAMER, D.C.	16		
MEADOWLAND S PARKWAY PHARMACY	16		
MEGACURE ACUPUNCTURE, P.C.	16		
BIO AND ZEN ACUPUNCTURE, P.C.	15		
CHIROPRACTIC HEALTH ONE P.C.	15		
EDWARD MILMAN M.D.	15		
SKY LIMIT PHYSICAL THERAPY, P.C	15		
BLANOMEDICAL, P.C.	14		
KAI HONG QIU	14		
SPIKE MEDICAL, P.C	14		
CHARLES DENG	13		X
ALL CITY FAMILY HELATH CARE CENTER, INC	12		
AMBULATORY GENTLECARE ANESTHESIA SERVICES	12		
GRAIG GRANOVSKY CHIROPRACTIC P.C.	12		
GUY VILLANO, D.C.	12		
REMEDIAL MEDICAL CARE , P.C.	12		
SANTOS MASSAGE THERAPY, P.C.	12		
AKAI ACUPUNCTURE, P.C.	11		
PETER MARTIN THE CHIROPRACTIC, P.C.	11		
PIONEERS STEPS REHAB, P.T., P.C.	11		
HAMMOND CHIROPRACTIC, P.C.	10		
BROAD STREET ACUPUNCTURE, P.C.	9		
CENTRAL CHIROPRACTIC OF NY, P.C.	9		
EPOCA CHIROPRACTIC CARE, P.C.	9		

Plaintiff Standardized	No. of Lawsuits	1468 Flatbush	1786 Flatbush
HEIGHTS CHIROPRACTIC SERVICES, P.C.	9		
PT HEALTH FIRST PT, P.C.	9		
STONE CHIROPRACTIC, P.C.	9		
COMMUNITY ACUPUNCTURE, P.C.	8		
PRO-ALIGN CHIROPRACTIC, PC	8		
ROCKAWAY FAMILY MEDICAL CARE, P.C.	8		
YELLOW RIVER ACUPUNCTURE, P.C	8		
ANATOLIY ABAKIN, D.C.	7		
BRONX SERVICES CHIROPRACTIC, P.C.	7		
DENG ACUPUNCTURE, P.C.	7	X	
E.G.E PT, P.C.	7		
ENJOY REHAB P.T., P.C.	7		
FL MEDICAL CARE, P.C.	7		
HEALTH HEALING PRODUCTS, INC.	7		
MOHAMMAD SHAMSHAD HUSSAIN	7		
SALEM P.T., P.C.	7		
UPTODATE MEDICAL SERVICES, P.C.	7		
CARE MEDICAL SUPPLY, CORP	6		
KATH MEDICAL, P.C.	6		
LEFFERTS GARDENS CHIROPRACTIC, P.C.	6		
LYUDMILA AVSHALUMOV A, L.AC	6		
MICHELE B.GLISPY	6		
MODERN CHIROPRACTIC P.C.	6		
NATURAL ACUPUNCTURE, P.C.	6		
PINNACLE CHIROPRACTIC, P.C.	6		
SUNRAY ACUPUNCTURE, P.C	6		
ZG CARE CHIROPRACTIC, P.C.	6		
DR. JOSEPH STEPHAN, D.C.,	5		
EDWIN CASTILLO. LAC	5		
JLS CHIROPRACTIC, P.C.	5		
MARIA CIECHORSKA, M.D.	5	X	
NATIONAL RX CORP	5		
NEW MILLENNIUM PSYCHOLOGICAL SERVICES, P.C.	5		
WISE REHAB P.T., P.C.	5		
WU XING ACUPUNCTURE PC	5		
ZEN ACUPUNCTURE, PC	5		
CENTRAL PARK PHYSICAL MEDICINE, P.C.	4		
EGA GROUP, INC.	4		
HEALTHY WAY ACUPUNCTURE PC	4		
MD MEDICAL HEALTHCARE, P.C.	4		
NJ NEURO AND PAIN PC	4		
PROTECTION PHYSICAL THERAPY, P.C	4		
ST. HERMINA, P.T.	4		
ANCIENT & MODERN ACUPUNCTUR E, PC	3		
BACK TO HEALTH CHIROPRACTIC, PC	3		
C21 ACUPUNCTURE P.C.,	3		
CHIROPRACTIC CARE, P.C.	3		
ELMONT HEALTH CARE MEDICAL, P.C.,	3		
GREAT CARE CHIROPRACTIC, P.C.	3		
HEALTH PRODUCTS INC	3		
HORIZON REHABILITATION P.T. CARE, P.C.	3		
LEICA SUPPLY, INC.	3		
POTENTIAL CHIROPRACTIC, PLLC	3		
SHAPIRO DANIEL	3		

Plaintiff Standardized	No. of Lawsuits	1468 Flatbush	1786 Flatbush
TRADITIONAL FLUSHING ACUPUNCTURE, P.C.	3		
UPG ACUPUNCTURE, P.C.,	3		
UZMA NASIR PHYSICIAN, P.C.,	3		
VERTEBRAE CHIROPRACTIC CARE, P.C.	3		
WAY MEDICAL SUPPLY, CORP	3		
AZU AJUDUA, M.D	2		
D & H REHABILITATION MEDICAL P.C	2		
DIAGNOSTIC DELTA RADIOLOGY , P.C.	2		
DM CHIROPRACTIC, P.C.,	2		
FLJ MEDIAL SERVICES, P.C	2		
JFL MEDICAL SERVICES, P.C	2		
MORRIS RUBINTHE	2		
NBC HEALTH PHYSICAL THERAPY, P.C.	2		
NEEDLES ACUPUNCTURE, P.C.	2		
NY DIAGNOSTICS CHIROPRACTIC PLLC	2		
NYS ACUPUNCTURE, P.C.	2		
OF HEALING MEDICINE , P.C.	2		
PRECISE REHAB PT, PC	2		
QUALITY MEDICAL, P.C.	2		
RISE PHYSICAL THERAPY, P.C.	2		
AHAVA DIAGNOSTIC, P.C.,	1		
AMXWELL CHIROPRACTI C, P.C.	1		
ANDRIY KOZAKTHE	1		
AT BAY CHIROPRACTIC, P.C	1		
BARAKAT MEDICAL CARE, P.C.	1		
BAY PLAZA CHIROPRACTIC, PC	1		
BEAL-MEDEA PRODUCTS, INC.,	1		
BEST TOUCH PT P.C	1		
BREFNI HERIQUEZ- NUNEZ	1		
BRONX MEDICAL HEALTH PROVIDER, P.C	1		
BRONX REHABILITATION CHIROPRACTIC, P.C.	1		
CAPITAL ONE BANK (USA) N A	1		
CHIROPRACTIC SERVICES, PLLC.,	1		
COMPLETE CAREFUL MEDICAL PC	1		
DAIRYLAND INSURANCE COMPANY	1		
DIRECT CARE CHIROPRACTIC, P.C.	1		
DOYNA GENERAL DISTRIBUTORS -NY, INC	1		
FLATBUSH MEDICAL CARE, P.C.	1		
G GUTIERREZ	1		
GENTLE AMBULAORY ANESTHESIA SERVICES	1		
GHI ACUPUNCTURE, P.C.	1		
GREAT HEALTHPOINT ACUPUNCTURE , P.C.	1		
HEALING TOUCH REHAB, P.C.	1		
HEALTH CARE CHIROPRACTIC, P.C	1		
HEALTHCRAFT , P.T., P.C.	1		
INFINITY HEALTH PRODUCTS, LTD	1		
JAMAICA WELLNESS MEDICAL, P.C	1		
JB HEALTH ACUPUNCTURE, P.C.	1		
JPL MEDICAL SERVICES, P.C	1		
KHAVA AGARUNOVA	1		
LEONID KOMSKY	1		
LOYAL ACUPUNCTURE P.C	1		
LVOV ACUPUNCTURE, PC	1		
MAJESTIC ACUPUNCTURE, PC	1		

Plaintiff Standardized	No. of Lawsuits	1468 Flatbush	1786 Flatbush
MANLI LI, L.AC.,	1		
MANUAL, P.T.,P.C.	1		
MARAT ZEYNUTDINOV	1		
MED EQUIPMENT DISTRIBUTION CTR, INC.	1		
MED EQUIPMENT SERVICE, INC.	1		
MEDICAL, P.C	1		
MEDIGNA INC	1		
MEDMART OF NY, CORP	1		
MEGA PRODUCTS CORP	1		
MERIDIAN ACUPUNCTURE, P.C.	1		
METRO PRODUCTS INC	1		
MHZ PHYSICAL THE THERAPY, P.C.	1		
MICHAEL R. SILVER, D.C., P.C	1		
N L QUALITY MEDICAL, P.C.,	1		
NASIRAH COLDING	1		
NATURAL HEALING ACUPUNCTURE, P.C	1		
NORTH AMERICAN PARTNERS IN ANESTHESIA , LLP	1		
NTS ACUPUNCTUR E, P.C.	1		
NVA ACUPUNCTUR E, P.C.	1		
P.C. PHYSICAL THERAPY, P.C.	1		
PHYSICAL M.H.Z.THERAPY, P.C	1		
PRO EDGE CHIROPRACTI C, P.C	1		
PRODUCTS EMC HEALTH INC	1		
QUEENS DIAGNOSTIC RADIOLOGY, P.C.	1		
RENELIQUE PIERRE J MD, P.C.	1	X	
SHANAYA COBY	1		
SHAYRA COBY	1		
SPINE CARE OF NJ, PC	1		
THERAPEUTIC CHIROPRACTIC SEVICES, P.C	1		
TRAVELERS INSURANCE COMPANY	1		
UNION & EAST NEW YORK MEDICAL, P.C.	1		
UNITED WELLNESS CHIROPRACTIC P.C	1		
VICTOR SASSON, M.D., P.C.	1		
WAKEFIELD CHIRORACTIC P.C.	1		

Total No. of Lawsuits for 1468 and 1786 Providers	51308
Total No. of Lawsuits	95859

Exhibit 36

SSF-11799

108056

CIVIL COURT OF THE CITY NEW YORK
COUNTY OF KINGS

Index No.: 33071/14

-----X
MAIGA PRODUCTS, CORP.,
a/a/o APONTE JIMMY

Plaintiff,

**Affidavit of Maiga
Borisevica in Support of
Plaintiff's Affirmation in
Opposition**

-against-

STATE FARM MUTUAL AUTOMOBILE INS. CO.,

Defendant

-----X

STATE OF NEW YORK :
: s.s.
COUNTY OF KINGS :

1. The undersigned, MAIGA PRODUCTS, CORP., by and through its owner, Maiga Borisevica, being duly sworn, attests to the following under the penalty of perjury.

2. I submit this affidavit in further support of Plaintiff's Affirmation in Opposition to defendant's cross-motion for summary judgment, and I attest to the following based on my personal knowledge.

3. Throughout the entire period relevant to this matter and with regards to the bills submitted as part of this action, I have been the owner of Maiga Products, Corp.. As a part of my regular business duties, I am responsible for responding to defendant's verification requests that are received by Maiga Products, Corp., including having to appear for the EUOs.

4. As owner of Maiga Products, Corp. and because of my personal experience and daily job responsibilities, I have the requisite first-hand personal knowledge of the regular and ordinary course of business procedures and practices employed and instituted by me for data entry into the computer database, bill generation

108056

and replying to verification requests from the insurance carriers, and mailing procedure. This requisite first-hand personal knowledge also applies to having to appear at EUOs for Maiga Products, Corp.

5. I reviewed the file pertaining to Aponte Jimmy and determined that this file has been created by Maiga Products, Corp., handled and stored by Maiga Products, Corp. in the regular and ordinary course of Maiga Products, Corp.'s business.

6. My review of handwritten notes and computer records on the file indicate that I attempted to contact defendant regarding the allegedly scheduled EUO as indicated in defendant's letter to Maiga Products, Corp., but my attempts have, to date, been ignored.

7. In fact, I have reviewed the false and venomous affidavit of defendant's alleged unlicensed and untrained SIU Investigator, Sean Ryan. Mr. Ryan's affidavit is nothing more than bold lies, and defendant's fabrications are unsupported by real evidence, much less circumstantial evidence, to substantiate any of the false and misleading allegations. Defendant's affidavit is designed and submitted for the sole purpose of engaging in fear mongering and scare tactics.

8. The Ryan affidavit is outright cryptic. Ryan alleges in an opaque manner that defendant has been investigating Maiga Products, Corp. for unsupported allegations regarding fraudulent billing practices. Ryan never cites support for these baseless suspicions. Not having any real or circumstantial evidence directly implicating Maiga Products, Corp., defendant decided to engage in red-tape dilatory claims handling practices by requesting a variety of irrelevant corporate documents as well as my personal appearance at an EUO in bad faith.

9. Defendant never specifically refers to any wrongdoing by Maiga Products, Corp. and instead engages in what can be termed as guilt by association theory, by

108056

referring to supposed activities by other individuals, providers and physicians. Thus, as can be seen, there is no good cause and objective reason (*see* 11 NYCRR 65-3.2(c) and 11 NYCRR 65-3.5(e)) for any investigation, much less the baseless EUO requests.

10. Mr. Ryan alleges in an opaque manner that defendant began to “evaluate” Maiga Products, Corp.’s claims “because various facts and circumstances were identified that called into question the eligibility of Maiga Products, Corp. to collect no-fault benefits . . .” Mr. Ryan never explains what he means by “various facts and circumstances”. Mr. Ryan attempts to explain what he means, by referring to the Plaintiff, Maiga Products, Corp., as “retailers like Maiga Products, Corp.” He then proceeds to lump my company with other unidentified DME companies and wholesalers without explaining, how my company is in any way connected to any of these other companies or how my company’s actions resemble actions of any other company. In fact, defendant operates on a novel theory, it is explained as throwing a substance against the wall in hopes that something will stick. Not having any real or circumstantial evidence directly implicating Maiga Products, Corp., defendant decided to engage in red-tape dilatory claims handling practices by lumping my company with a whole bunch of other retailers or wholesalers with whom I have no relationship or contact with. Mr. Ryan’s affidavit also gives off-the-wall and irrelevant examples of pricing mechanisms. This shows the bad faith and the desperate nature of defendant and its counsel in hopes of making something up out of whole cloth.

11. Ryan never refers to any specific wrongdoing by Maiga Products, Corp. but instead engages in what can be termed as guilt by association theory, by using generalities like, “retailer like”, “DME retailers” “Retailers”, “Generally”, “certain retailers”, and other similar words and phrases. As can be seen there is no good cause

108056

and objective reason (*see* 11 NYCRR 65-3.2(c) and 11 NYCRR 65-3.5(e)) for any investigation, much less the baseless EUO requests.

12. As explained to me by my counsel, such allegations and exaggerations that permeate Mr. Ryan's affidavit are impermissible. This argument collapses on two logical points. First, the law has long since determined that so-called "guilt by association" is utter nonsense. Defendant's legal theory behind the frivolous and unfounded EUO requests (both lacking in good cause and objective reason – both violate the no-fault regulations and the applicable case law) and verification requests based on guilt by association was and is impermissible.¹ Secondly, Plaintiffs theoretical arrows of support are running in the wrong direction.

13. Mr. Ryan then attempts to create an alleged justification (*see* ¶9) for his "ghost hunt" by alleging that Maiga Products, Corp. bills for DME items not covered by the fee schedule. However, this is a so what allegation, as both the no-fault regulations and various opinion of the Insurance Department, now Department of Financial Services, and case law, all permit the DME providers to bill for unlisted items, there is even a specific code assigned for this, E1399. This Healthcare Common Procedure Coding System Code is defined as "Durable medical equipment, miscellaneous" and is used for Carrier priced (e.g., not otherwise classified, individual determination, carrier discretion, gap-filled amounts). Durable Medical Equipment, Prosthetics, Orthotics, Supplies And Surgical Dressings.

14. Mr. Ryan proceeds to incorrectly allege, he gives no legal or administrative justification for his own deranged conclusion, that in order to be reimbursed for the provided DME supplies, Maiga Products, Corp. was required to provide defendant with wholesale invoices, including the manufacturer information,

108056

make, or model and the alleged cost from the wholesaler. Mr. Ryan also incorrectly and falsely alleges that Maiga Products, Corp. submits “vague and generic” prescriptions. However, this allegation is absurd beyond cavil. Maiga Products, Corp. has no control or discretion over the treating provider and the way that provider decides to write the prescription. The individual to ask those questions would be the treating medical provider, and not Maiga Products, Corp. since Maiga Products, Corp.’s sole job and duty is to fill the prescription based on the prescription the way it is written and to the best of Maiga Products, Corp.’s abilities. The allegations of the failure to submit any of the alleged documents is simply belied by the fact that no actual verification request were ever made by defendant in this case or any other case.

15. Furthermore, Mr. Ryan’s conclusion that the submitted documentation by Maiga Products, Corp. makes it impossible to determine if the item supplied by Maiga Products, Corp. is the item actually billed, and if the amount billed by Maiga Products, Corp. corresponds to the correct reimbursement amount is due to the fact that the employees of defendant charged with the review and analysis of the submitted claims are incompetent or lack the necessary qualifications and training to make the necessary determination based on the submitted documentation by Maiga Products, Corp. It is much easier for defendant to unjustly and improperly delay or better yet deny out right Maiga Products, Corp.’s claims than to hire competent claim adjusters to actually review the claims and recommend payment. In fact, if defendant would be asked, including its counsel, defendant in this case almost by rote engages in a systematic unjustified EUO protocol of Maiga Products, Corp. and many other similarly situated DME providers.

16. As can be seen above, there is no substance to any of Ryan’s allegations; thus, the whole premise of the EUO is a fiction. Even, if the Court is to consider the

¹ Ybarra v. Illinois, 444 U.S. 85, 91 (1979); People v. Ballejo, 114 A.D.2d 902, 904 (2d Dep’t, 1985); People v. Chincillo, 120 A.D.2d 266 (3d Dep’t, 1986); People v. St. Clair, 80 A.D.2d 691,

108056

basis for defendant's illegitimate request for an EUO, there are other issues that plague defendant's submission and which I want to clarify.

17. I received the EUO request letters from defendant addressed to Maiga Products, Corp. The letters are attached to defendant's motion for summary judgment as Exhibit "A" and "C".

18. The EUO request letter dated March 24, 2014 stated that I was to contact Mr. Sean Ryan, SIU Investigator, no later than seven (7) days prior to the scheduled EUO on May 7, 2014. On or about April 28, 2014, I called the number for Sean Ryan listed on defendant's EUO letter. The number rang several times. No one picked up the phone. On that same date, I left a message for Mr. Ryan at that number stating that May 7, 2014 was not a convenient date for me to attend an EUO and asked to further discuss the details of the EUO and related verification requests and to mutually agree on a new date. The unilateral date chosen by defendant was inconvenient for me. Moreover, the pretentious location of the EUO chosen by defendant was also inconvenient and improper. It is absolutely disingenuous for defendant to schedule an EUO at their offices. Based on these issues, I called Mr. Ryan. Since my initial message, neither Mr. Ryan nor anyone from State Farm ever returned my call to reschedule the EUO.

19. The EUO request letter dated May 8, 2014 similarly stated that I was to contact Mr. Ryan no later than seven (7) days prior to my scheduled EUO on May 28, 2014. Again, on or about May 18, 2014, I called the number listed for Mr. Ryan, but no one picked up the phone. Therefore, on that same date, I again left a message to obtain more information regarding the EUO and to reschedule an examination date. To date, no one from State Farm ever returned my second call.

20. Thus, despite several of my good faith attempts to reach defendant to schedule EUOs and gather more information regarding defendant's verification requests,

108056

defendant has avoided cooperation and has intentionally ignored me. This is the type of behavior that defendant often engages in.

21. Accordingly, I urge the Court to issue an order denying defendant's motion due to my good faith efforts to comply with outstanding verification and to schedule a convenient EUO date that have gone ignored by defendant. Defendant has failed to respond in any way to my objections to the date, time and location of the EUO and meaningfully communicate with me.

Maiga Products, Corp.

By: 
Name: Maiga Borisevica
Title: Owner

State of New York)


)SS:

County of KINGS)

On this, 28 day of May 2015, before me
a notary public, the undersigned officer, personally appeared Maiga
Borisevica, known to me (or satisfactorily proven to be) the person
whose name is subscribed to the within instrument, and acknowledged
that he/she executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

OLEG RYBAK
NOTARY PUBLIC, State of New York
No. 02RY0207123
Qualified in Kings County
Commission Expires June 3, 2017 

SSF-11760

106862

CIVIL COURT OF THE CITY NEW YORK
COUNTY OF KINGS

Index No.: 28966/14

-----X
MAIGA PRODUCTS, CORP.,
a/a/o GINETTE, LIGENE

Plaintiff,

Affidavit of Maiga
Borisevica in Support of
Plaintiff's Affirmation in
Opposition

-against-

STATE FARM MUTUAL AUTOMOBILE INS. CO.,

Defendant

-----X

STATE OF NEW YORK :
: s.s.
COUNTY OF KINGS :

1. The undersigned, MAIGA PRODUCTS, CORP., by and through its owner, Maiga Borisevica, being duly sworn, attests to the following under the penalty of perjury.

2. I submit this affidavit in further support of Plaintiff's Affirmation in Opposition to defendant's motion for summary judgment, and I attest to the following based on my personal knowledge.

3. Throughout the entire period relevant to this matter and with regards to the bills submitted as part of this action, I have been the owner of Maiga Products, Corp.. As a part of my regular business duties, I am responsible for responding to defendant's verification requests that are received by Maiga Products, Corp., including having to appear for the EUOs.

4. As owner of Maiga Products, Corp. and because of my personal experience and daily job responsibilities, I have the requisite first-hand personal knowledge of the regular and ordinary course of business procedures and practices employed and instituted by me for data entry into the computer database, bill generation

106862

and replying to verification requests from the insurance carriers, and mailing procedure. This requisite first-hand personal knowledge also applies to having to appear at EUOs for Maiga Products, Corp.

5. I reviewed the file pertaining to Ginette, Ligene and determined that this file has been created by Maiga Products, Corp., handled and stored by Maiga Products, Corp. in the regular and ordinary course of Maiga Products, Corp.'s business.

6. My review of handwritten notes and computer records on the file indicate that I attempted to contact defendant regarding the allegedly scheduled EUO as indicated in defendant's letter to Maiga Products, Corp., but my attempts have, to date, been ignored.

7. In fact, I have reviewed the false and venomous affidavit of defendant's alleged unlicensed and untrained SIU Investigator, Sean Ryan. Mr. Ryan's affidavit is nothing more than bold lies, and defendant's fabrications are unsupported by real evidence, much less circumstantial evidence, to substantiate any of the false and misleading allegations. Defendant's affidavit is designed and submitted for the sole purpose of engaging in fear mongering and scare tactics.

8. The Ryan affidavit is outright cryptic. Ryan alleges in an opaque manner that defendant has been investigating Maiga Products, Corp. for unsupported allegations regarding fraudulent billing practices. Ryan never cites support for these baseless suspicions. Not having any real or circumstantial evidence directly implicating Maiga Products, Corp., defendant decided to engage in red-tape dilatory claims handling practices by requesting a variety of irrelevant corporate documents as well as my personal appearance at an EUO in bad faith.

9. Defendant never specifically refers to any wrongdoing by Maiga Products, Corp. and instead engages in what can be termed as guilt by association theory, by

106862

referring to supposed activities by other individuals, providers and physicians. Thus, as can be seen, there is no good cause and objective reason (*see* 11 NYCRR 65-3.2(c) and 11 NYCRR 65-3.5(e)) for any investigation, much less the baseless EUO requests.

10. Mr. Ryan alleges in an opaque manner that defendant began to “evaluate” Maiga Products, Corp.’s claims “because various facts and circumstances were identified that called into question the eligibility of Maiga Products, Corp. to collect no-fault benefits . . .” Mr. Ryan never explains what he means by “various facts and circumstances”. Mr. Ryan attempts to explain what he means, by referring to the Plaintiff, Maiga Products, Corp., as “retailers like Maiga Products, Corp.”. He then proceeds to lump my company with other unidentified DME companies and wholesalers without explaining, how my company is in any way connected to any of these other companies or how my company’s actions resemble actions of any other company. In fact, defendant operates on a novel theory, it is explained as throwing a substance against the wall in hopes that something will stick. Not having any real or circumstantial evidence directly implicating Maiga Products, Corp., defendant decided to engage in red-tape dilatory claims handling practices by lumping my company with a whole bunch of other retailers or wholesalers with whom I have no relationship or contact with. Mr. Ryan’s affidavit also gives off-the-wall and irrelevant examples of pricing mechanisms. This shows the bad faith and the desperate nature of defendant and its counsel in hopes of making something up out of whole cloth.

11. Ryan never refers to any specific wrongdoing by Maiga Products, Corp. but instead engages in what can be termed as guilt by association theory, by using generalities like, “retailer like”, “DME retailers” “Retailers”, “Generally”, “certain retailers”, and other similar words and phrases. As can be seen there is no good cause

106862

and objective reason (*see* 11 NYCRR 65-3.2(c) and 11 NYCRR 65-3.5(e)) for any investigation, much less the baseless EUO requests.

12. As explained to me by my counsel, such allegations and exaggerations that permeate Mr. Ryan's affidavit are impermissible. This argument collapses on two logical points. First, the law has long since determined that so-called "guilt by association" is utter nonsense. Defendant's legal theory behind the frivolous and unfounded EUO requests (both lacking in good cause and objective reason -- both violate the no-fault regulations and the applicable case law) and verification requests based on guilt by association was and is impermissible.¹ Secondly, Plaintiffs theoretical arrows of support are running in the wrong direction.

13. Mr. Ryan then attempts to create an alleged justification (*see* ¶9) for his "ghost hunt" by alleging that Maiga Products, Corp. bills for DME items not covered by the fee schedule. However, this is a so what allegation, as both the no-fault regulations and various opinion of the Insurance Department, now Department of Financial Services, and case law, all permit the DME providers to bill for unlisted items, there is even a specific code assigned for this, E1399. This Healthcare Common Procedure Coding System Code is defined as "Durable medical equipment, miscellaneous" and is used for Carrier priced (e.g., not otherwise classified, individual determination, carrier discretion, gap-filled amounts). Durable Medical Equipment, Prosthetics, Orthotics, Supplies And Surgical Dressings.

14. Mr. Ryan proceeds to incorrectly allege, he gives no legal or administrative justification for his own deranged conclusion, that in order to be reimbursed for the provided DME supplies, Maiga Products, Corp. was required to provide defendant with wholesale invoices, including the manufacturer information,

106862

make, or model and the alleged cost from the wholesaler. Mr. Ryan also incorrectly and falsely alleges that Maiga Products, Corp. submits “vague and generic” prescriptions. However, this allegation is absurd beyond cavil. Maiga Products, Corp. has no control or discretion over the treating provider and the way that provider decides to write the prescription. The individual to ask those questions would be the treating medical provider, and not Maiga Products, Corp. since Maiga Products, Corp.’s sole job and duty is to fill the prescription based on the prescription the way it is written and to the best of Maiga Products, Corp.’s abilities. The allegations of the failure to submit any of the alleged documents is simply belied by the fact that no actual verification request were ever made by defendant in this case or any other case.

15. Furthermore, Mr. Ryan’s conclusion that the submitted documentation by Maiga Products, Corp. makes it impossible to determine if the item supplied by Maiga Products, Corp. is the item actually billed, and if the amount billed by Maiga Products, Corp. corresponds to the correct reimbursement amount is due to the fact that the employees of defendant charged with the review and analysis of the submitted claims are incompetent or lack the necessary qualifications and training to make the necessary determination based on the submitted documentation by Maiga Products, Corp. It is much easier for defendant to unjustly and improperly delay or better yet deny out right Maiga Products, Corp.’s claims than to hire competent claim adjusters to actually review the claims and recommend payment. In fact, if defendant would be asked, including its counsel, defendant in this case almost by rote engages in a systematic unjustified EUO protocol of Maiga Products, Corp. and many other similarly situated DME providers.

16. As can be seen above, there is no substance to any of Ryan’s allegations; thus, the whole premise of the EUO is a fiction. Even, if the Court is to consider the

¹ *Ybarra v. Illinois*, 444 U.S. 85, 91 (1979); *People v. Ballejo*, 114 A.D.2d 902, 904 (2d Dep’t, 1985); *People v. Chinillo*, 120 A.D.2d 266 (3d Dep’t, 1986); *People v. St. Clair*, 80 A.D.2d 691,

106862

basis for defendant's illegitimate request for an EUO, there are other issues that plague defendant's submission and which I want to clarify.

17. I received the EUO request letters from defendant addressed to Maiga Products, Corp. The letters are attached to defendant's motion for summary judgment as Exhibit "A" and "B".

18. The EUO request letter dated January 22, 2014 stated that I was to contact Mr. Bryan Edgar, SIU Investigator, no later than seven (7) days prior to the scheduled EUO on March 4, 2014. On or about February 22, 2014, I called the number for Bryan Edgar listed on defendant's EUO letter. The number rang several times. No one picked up the phone. On that same date, I left a message for Mr. Edgar at that number stating that March 4, 2014 was not a convenient date for me to attend an EUO and asked to further discuss the details of the EUO and related verification requests and to mutually agree on a new date. The unilateral date chosen by defendant was inconvenient for me. Moreover, the pretentious location of the EUO chosen by defendant was also inconvenient and improper. It is absolutely disingenuous for defendant to schedule an EUO at their offices. Based on these issues, I called Mr. Edgar. Since my initial message, neither Mr. Edgar nor anyone from State Farm ever returned my call to reschedule the EUO.


19. The EUO request letter dated March 6, 2014 stated that I was to contact Mr. Sean Ryan no later than seven (7) days prior to my scheduled EUO on March 25, 2014. Again, on or about March 17, 2014, I called the number listed for Mr. Ryan, but no one picked up the phone. Therefore, on that same date, I again left a message to obtain more information regarding the EUO and to reschedule an examination date. To date, no one from State Farm ever returned my second call.

106862

20. Thus, despite several of my good faith attempts to reach defendant to schedule EUOs and gather more information regarding defendant's verification requests, defendant has avoided cooperation and has intentionally ignored me. This is the type of behavior that defendant often engages in.

21. Accordingly, I urge the Court to issue an order denying defendant's motion due to my good faith efforts to comply with outstanding verification and to schedule a convenient EUO date that have gone ignored by defendant. Defendant has failed to respond in any way to my objections to the date, time and location of the EUO and meaningfully communicate with me.

Maiga Products, Corp.

By: 
Name: Maiga Borisevica
Title: Owner

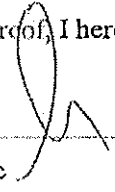
State of New York)

)SS:

County of KINGS)

On this, 8 day of June, 2015, before me
a notary public, the undersigned officer, personally appeared Maiga
Borisevica, known to me (or satisfactorily proven to be) the person
whose name is subscribed to the within instrument, and acknowledged
that he/she executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public 

OLEG RYBAK
NOTARY PUBLIC, State of New York
No. 67576323
Qualified in Kings County
Commission Expires June 8, 2017

SSF-11376

99251

CIVIL COURT OF THE CITY NEW YORK
COUNTY OF KINGS

Index No.: 64768/13

-----X
CHARLES DENG ACUPUNCTURE, P.C.,
a/a/o JOSEPH, MACKENDY

Plaintiff,

**Affidavit of Charles
Deng, L.Ac in Support of
Plaintiff's Affirmation in
Opposition**

-against-

STATE FARM MUTUAL AUTOMOBILE INS. CO.,

Defendant

-----X

STATE OF NEW YORK :
: s.s.
COUNTY OF KINGS :

1. The undersigned, CHARLES DENG ACUPUNCTURE, P.C., by and through its owner, Charles Deng, L.Ac being duly sworn, attests to the following under the penalty of perjury.

2. I submit this affidavit in further support of Plaintiff's Affirmation in Opposition to defendant's motion for summary judgment and dismissal, and I attest to the following based on my personal knowledge.

3. Throughout the entire period relevant to this matter and with regards to the bills submitted as part of this action, I have been the owner of Charles Deng Acupuncture, P.C.. As a part of my regular business duties, I am responsible for responding to defendant's verification requests that are received by Charles Deng Acupuncture, P.C., including having to appear for the EUOs.

4. As owner of Charles Deng Acupuncture, P.C. and because of my personal experience and daily job responsibilities, I have the requisite first-hand personal knowledge of the regular and ordinary course of business procedures and practices employed and instituted by me for data entry into the computer database, bill generation

99251

and replying to verification requests from the insurance carriers, and mailing procedure.

This requisite first-hand personal knowledge also applies to having to appear at EUOs for Charles Deng Acupuncture, P.C.

5. I reviewed the file pertaining to Joseph, Mackendy and determined that this file has been created by Charles Deng Acupuncture, P.C., handled and stored by Charles Deng Acupuncture, P.C. in the regular and ordinary course of Charles Deng Acupuncture, P.C.'s business.

6. My review of handwritten notes and computer records on the file indicate that I attempted to contact defendant regarding the allegedly scheduled EUO as indicated in defendant's letter to Charles Deng Acupuncture, P.C., but my attempts have, to date, been ignored.

7. In fact, I have reviewed the false and venomous affidavit of defendant's alleged unlicensed and untrained SIU Investigator, Joseph Farrington. Mr. Farrington's affidavit is nothing more than bold lies, and defendant's fabrications are unsupported by real evidence, much less circumstantial evidence, to substantiate any of the false and misleading allegations. Defendant's affidavit is designed and submitted for the sole purpose of engaging in fear mongering and scare tactics.

8. The Farrington affidavit is outright cryptic. Farrington alleges in an opaque manner that defendant has been investigating Charles Deng Acupuncture, P.C. for unsupported allegations regarding its corporate structure and control by laypersons. Farrington never cites support for his baseless suspicions. Not having any real or circumstantial evidence directly implicating Charles Deng Acupuncture, P.C., defendant decided to engage in red-tape dilatory claims handling practices by requesting a variety of irrelevant corporate documents as well as my personal appearance at an EUO in bad faith.

99251

9. Defendant never specifically refers to any wrongdoing by Charles Deng Acupuncture, P.C. and instead engages in what can be termed as guilt by association theory, by referring to supposed activities by other individuals and providers located in the same building as Charles Deng Acupuncture, P.C. Thus, as can be seen, there is no good cause and objective reason (*see* 11 NYCRR 65-3.2(c) and 11 NYCRR 65-3.5(e)) for any investigation, much less the baseless EUO requests.

10. As explained to me by my counsel, such allegations and exaggerations that permeate the Farrington affidavit are impermissible. First, the law has long determined that so-called “guilt by association” is utter nonsense. Defendant’s legal theory behind the frivolous and unfounded EUO requests (both lacking in good cause and objective reason – both violate the no-fault regulations and the applicable case law), and verification requests based on guilt by association is impermissible.¹ Secondly, Plaintiffs theoretical arrows of support are running in the wrong direction.

11. The Farrington affidavit states that “State Farm suspects Flatbush is truly owned by unlicensed laypersons,” by making allegations against individuals who are not parties to this action and have nothing to do with the underlying claims at issue. Farrington also alleges certain connections between different providers at 1468 Flatbush Avenue that are unsupported by any documentary evidence. Lastly, Farrington, who has no medical expertise, herself, concludes that “Plaintiff is possibly providing unnecessary treatment.” This Court should note that, to my knowledge, defendant never conducted its own IME or had a medical professional review the necessity of Charles Deng Acupuncture, P.C.’s course of treatment to make this conclusory allegation.

12. As can be seen above, there is no substance to any of Farrington’s allegations; thus, the whole premise of the EUO is a fiction. Even, if the Court is to

99251

consider the basis for defendant's illegitimate request for an EUO, there are other issues that plague defendant's submission and which I want to clarify.

13. I received the EUO request letters from defendant addressed to Charles Deng Acupuncture, P.C. The letters are attached to defendant's motion for summary judgment as part of Exhibits "A" and "B."

14. The EUO request letter dated February 28, 2013 stated that I was to contact Joseph Farrington, SIU Investigator, no later than seven (7) days prior to the scheduled EUO on March 21, 2013. On or about March 12, 2013, I called the number for Joseph Farrington listed on defendant's EUO letter. The number rang several times. No one picked up the phone. On that same date, I left a message for Joseph Farrington at that number stating that March 21, 2013 was not a convenient date for me to attend an EUO and asked to further discuss the details of the EUO and related verification requests and to mutually agree on a new date. The unilateral date chosen by defendant was inconvenient for me. Moreover, the pretentious location of the EUO chosen by defendant was also inconvenient and improper. It is absolutely disingenuous for defendant to schedule an EUO at their offices. Based on these issues, I called Joseph Farrington. Since my initial message, neither Joseph Farrington nor anyone from State Farm ever returned my call to reschedule the EUO.

15. The EUO request letter dated March 22, 2013 similarly stated that I was to contact Joseph Farrington no later than seven (7) days prior to my scheduled EUO on April 17, 2013. Again, on or about April 8, 2013, I called the number listed for Joseph Farrington, but no one picked up the phone. Therefore, on that same date, I again left a message to obtain more information regarding the EUO and to reschedule an examination date. To date, no one from State Farm ever returned my second call.

¹ Ybarra v. Illinois, 444 U.S. 85, 91 (1979); People v. Ballejo, 114 A.D.2d 902, 904 (2d Dep't, 1985); People v. Chincillo, 120 A.D.2d 266 (3d Dep't, 1986); People v. St. Clair, 80 A.D.2d 691,

99251

16. Thus, despite several of my good faith attempts to reach defendant to schedule EUOs and gather more information regarding defendant's verification requests, defendant has avoided cooperation and has intentionally ignored me. This is the type of behavior that defendant often engages in.

17. Accordingly, I urge the Court to issue an order denying defendant's cross-motion due to my good faith efforts to comply with outstanding verification and to schedule a convenient EUO date that have gone ignored by defendant. Defendant has failed to respond in any way to my objections to the date, time and location of the EUO and meaningfully communicate with me.

Charles Deng Acupuncture, P.C.

By: 

Name: Charles Deng, L.Ac.

Title: Owner

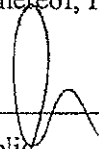
State of New York)


)SS:

County of KINGS)

On this, 3 day of February, 2015, before me
a notary public, the undersigned officer, personally appeared Charles Deng,
known to me (or satisfactorily proven to be) the person whose
name is subscribed to the within instrument, and acknowledged that he/she
executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.


Notary Public

OLEG RYBAK
NOTARY PUBLIC, State of New York
No. 02RY6207123
Qualified in Kings County
Commission Expires June 8, 2017 

SSF-11135

96150

CIVIL COURT OF THE CITY NEW YORK
COUNTY OF QUEENS

Index No.: 716908/13

-----X
CHARLES DENG ACUPUNCTURE, P.C.,
a/a/o ROMULUS, SEVENISE

Plaintiff,

**Affidavit of Charles
Deng, L.Ac in Support of
Plaintiff's Affirmation in
Opposition**

-against-

STATE FARM MUTUAL AUTOMOBILE INS. CO.,

Defendant

-----X

STATE OF NEW YORK :
: s.s.
COUNTY OF KINGS :

1. The undersigned, CHARLES DENG ACUPUNCTURE, P.C., by and through its owner, Charles Deng, L.Ac being duly sworn, attests to the following under the penalty of perjury.
2. I submit this affidavit in further support of Plaintiff's Affirmation in Opposition to defendant's motion for summary judgment and dismissal, and I attest to the following based on my personal knowledge.
3. Throughout the entire period relevant to this matter and with regards to the bills submitted as part of this action, I have been the owner of Charles Deng Acupuncture, P.C.. As a part of my regular business duties, I am responsible for responding to defendant's verification requests that are received by Charles Deng Acupuncture, P.C., including having to appear for the EUOs.
4. As owner of Charles Deng Acupuncture, P.C. and because of my personal experience and daily job responsibilities, I have the requisite first-hand personal knowledge of the regular and ordinary course of business procedures and practices employed and instituted by me for data entry into the computer database, bill generation

96150

and replying to verification requests from the insurance carriers, and mailing procedure. This requisite first-hand personal knowledge also applies to having to appear at EUOs for Charles Deng Acupuncture, P.C.

5. I reviewed the file pertaining to Romulus, Sevenise and determined that this file has been created by Charles Deng Acupuncture, P.C., handled and stored by Charles Deng Acupuncture, P.C. in the regular and ordinary course of Charles Deng Acupuncture, P.C.'s business.

6. My review of handwritten notes and computer records on the file indicate that I attempted to contact defendant regarding the allegedly scheduled EUO as indicated in defendant's letter to Charles Deng Acupuncture, P.C., but my attempts have, to date, been ignored.

7. In fact, I have reviewed the false and venomous affidavit of defendant's alleged unlicensed and untrained SIU Investigator, Joseph Farrington. Mr. Farrington's affidavit is nothing more than bold lies, and defendant's fabrications are unsupported by real evidence, much less circumstantial evidence, to substantiate any of the false and misleading allegations. Defendant's affidavit is designed and submitted for the sole purpose of engaging in fear mongering and scare tactics.

8. The Farrington affidavit is outright cryptic. Farrington alleges in an opaque manner that defendant has been investigating Charles Deng Acupuncture, P.C. for unsupported allegations regarding its corporate structure and control by laypersons. Farrington never cites support for his baseless suspicions. Not having any real or circumstantial evidence directly implicating Charles Deng Acupuncture, P.C., defendant decided to engage in red-tape dilatory claims handling practices by requesting a variety of irrelevant corporate documents as well as my personal appearance at an EUO in bad faith.

96150

9. Defendant never specifically refers to any wrongdoing by Charles Deng Acupuncture, P.C. and instead engages in what can be termed as guilt by association theory, by referring to supposed activities by other individuals and providers located in the same building as Charles Deng Acupuncture, P.C. Thus, as can be seen, there is no good cause and objective reason (*see* 11 NYCRR 65-3.2(c) and 11 NYCRR 65-3.5(e)) for any investigation, much less the baseless EUO requests.

10. As explained to me by my counsel, such allegations and exaggerations that permeate the Farrington affidavit are impermissible. First, the law has long determined that so-called “guilt by association” is utter nonsense. Defendant’s legal theory behind the frivolous and unfounded EUO requests (both lacking in good cause and objective reason – both violate the no-fault regulations and the applicable case law), and verification requests based on guilt by association is impermissible.¹ Secondly, Plaintiffs theoretical arrows of support are running in the wrong direction.

11. The Farrington affidavit states that “State Farm suspects Flatbush is truly owned by unlicensed laypersons,” by making allegations against individuals who are not parties to this action and have nothing to do with the underlying claims at issue. Farrington also alleges certain connections between different providers at 1468 Flatbush Avenue that are unsupported by any documentary evidence. Lastly, Farrington, who has no medical expertise, herself, concludes that “Plaintiff is possibly providing unnecessary treatment.” This Court should note that, to my knowledge, defendant never conducted its own IME or had a medical professional review the necessity of Charles Deng Acupuncture, P.C.’s course of treatment to make this conclusory allegation.

12. As can be seen above, there is no substance to any of Farrington’s allegations; thus, the whole premise of the EUO is a fiction. Even, if the Court is to

96150

consider the basis for defendant's illegitimate request for an EUO, there are other issues that plague defendant's submission and which I want to clarify.

13. I received the EUO request letters from defendant addressed to Charles Deng Acupuncture, P.C. The letters are attached to defendant's motion for summary judgment as part of Exhibits "A" and "C."

14. The EUO request letter dated February 15, 2013 stated that I was to contact Joseph Farrington, SIU Investigator, no later than seven (7) days prior to the scheduled EUO on February 26, 2013. On or about February 15, 2013, I called the number for Joseph Farrington listed on defendant's EUO letter. The number rang several times. No one picked up the phone. On that same date, I left a message for Joseph Farrington at that number stating that February 26, 2013 was not a convenient date for me to attend an EUO and asked to further discuss the details of the EUO and related verification requests and to mutually agree on a new date. The unilateral date chosen by defendant was inconvenient for me. Moreover, the pretentious location of the EUO chosen by defendant was also inconvenient and improper. It is absolutely disingenuous for defendant to schedule an EUO at their offices. Based on these issues, I called Joseph Farrington. Since my initial message, neither Joseph Farrington nor anyone from State Farm ever returned my call to reschedule the EUO.

15. The EUO request letter dated March 4, 2013 similarly stated that I was to contact Joseph Farrington no later than seven (7) days prior to my scheduled EUO on March 21, 2013. Again, on or about March 12, 2013, I called the number listed for Joseph Farrington, but no one picked up the phone. Therefore, on that same date, I again left a message to obtain more information regarding the EUO and to reschedule an examination date. To date, no one from State Farm ever returned my second call.

¹ Ybarra v. Illinois, 444 U.S. 85, 91 (1979); People v. Ballejo, 114 A.D.2d 902, 904 (2d Dep't, 1985); People v. Chincillo, 120 A.D.2d 266 (3d Dep't, 1986); People v. St. Clair, 80 A.D.2d 691,

96150

16. Thus, despite several of my good faith attempts to reach defendant to schedule EUOs and gather more information regarding defendant's verification requests, defendant has avoided cooperation and has intentionally ignored me. This is the type of behavior that defendant often engages in.

17. Accordingly, I urge the Court to issue an order denying defendant's motion due to my good faith efforts to comply with outstanding verification and to schedule a convenient EUO date that have gone ignored by defendant. Defendant has failed to respond in any way to my objection to the date, time and location of the EUO and meaningfully communicate with me.

Charles Deng Acupuncture, P.C.

By: 

Name: Charles Deng, L.Ac

Title: Owner

Sworn to before me this

 6/6, 2014

Notary Public

OLEG RYBAK
NOTARY PUBLIC State of New York
No. 02RY0207123
Qualified in Kings County
Commission Expires June 8, 2017

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of New York

State Farm Mutual Automobile Insurance Company
and State Farm Fire and Casualty Company,

Plaintiff(s)

v.

Francois Jules Parisien, M.D., Luqman Dabiri, M.D.,
Ksenia Pavlova, D.O., Noel Blackman, M.D., Frances
Lacina, D.O., Allay Medical Services, P.C., et al.
(See attached rider for complete caption)

Defendant(s)

Civil Action No. 1:18-cv-00289-ILG-ST

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SEE RIDER

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Christopher T. Cook, Esq.
KATTEN MUCHIN ROSENMAN LLP
575 Madison Ave, New York, NY 10022
212-940-8800

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DOUGLAS C. PALMER
CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:18-cv-00289-ILG-ST

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____ .

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____ , who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

RIDER

State Farm Mutual Automobile Insurance Company
and State Farm Fire and Casualty Company,

Plaintiffs,

v.

Francois Jules Parisien, M.D.,
Luqman Dabiri, M.D.,
Ksenia Pavlova, D.O.,
Noel Blackman, M.D.,
Frances Lacina, D.O.,
Allay Medical Services, P.C.,
FJL Medical Services P.C.,
JFL Medical Care P.C.,
JPF Medical Services, P.C.,
KP Medical Care P.C.,
PFJ Medical Care P.C.,
RA Medical Services P.C.,
Darren Mollo, D.C.,
Darren Mollo D.C., P.C.,
ACH Chiropractic, P.C.,
Energy Chiropractic, P.C.,
Island Life Chiropractic Pain Care, PLLC,
Charles Deng, L.A.c.,
Charles Deng Acupuncture, P.C.,
David Mariano, P.T.,
Maria Masigla a/k/a Maria Shiela Buslon, P.T.,
MSB Physical Therapy P.C.,
Maiga Products Corporation,
Madison Products of USA, Inc.,
Quality Custom Medical Supply, Inc.,
Allan L. Buslon,
Quality Health Supply Corp.,
Personal Home Care Products Corp.,
AB Quality Health Supply Corp.,
Tatiana M. Rybak, and
Oleg Rybak,

Defendants.

Francois Jules Parisien, M.D.,
329 Surrey Dr.
New Rochelle, NY 10804

Luqman Dabiri, M.D.,
535 Lisk Ave
Staten Island, NY 10303

Ksenia Pavlova, D.O.,
3000 Ocean Parkway
Apt. 8G
Brooklyn, NY 11235

Noel Blackman, M.D.,
c/o Moshannon Valley Correctional Institution
Register #89102-053
555 Geo Drive
Philipsburg, PA 16866

Frances Lacina, D.O.,
1645 Oakmonte Blvd.
Webster, NY 14580

Allay Medical Services, P.C.
1786 Flatbush Avenue
Brooklyn, NY 11210

FJL Medical Services P.C.
2609 E. 14th Street
Brooklyn, NY 11325

JFL Medical Care P.C.
2609 E. 14th Street
Brooklyn, NY 11325

JPF Medical Services, P.C.
329 Surrey Dr.
New Rochelle, NY 10804

KP Medical Care P.C.
3000 Ocean Parkway
Apt. 8G
Brooklyn, NY 11235

PFJ Medical Care P.C.
1786 Flatbush Avenue
Brooklyn, NY 11210

RA Medical Services P.C.
1645 Oakmonte Blvd.
Webster, NY 14580

Darren Mollo, D.C.,
59 Dorothy St.
Port Jefferson Station, NY 11776

Darren Mollo D.C., P.C.
59 Dorothy St.
Port Jefferson Station, NY 11776

ACH Chiropractic, P.C.
1786 Flatbush Avenue
Brooklyn, NY 11210

Energy Chiropractic, P.C.
1786 Flatbush Avenue
Brooklyn, NY 11210

Island Life Chiropractic Pain Care, PLLC,
59 Dorothy St.
Port Jefferson Station, NY 11776

Charles Deng, L.A.c.,
2070 W 7th Street
Floor 2
Brooklyn, NY 11223

Charles Deng Acupuncture, P.C.
254 Canal St., 4 FL
New York, New York

David Mariano, P.T.,
3957 65th Place 2 FL
Woodside, NY 11377

Maria Masigla a/k/a Maria Shiela Buslon, P.T.,
17757 SW 28th St.
Miramar, FL 33029

MSB Physical Therapy P.C.
1786 Flatbush Avenue
Brooklyn, NY 11210

Maiga Products Corporation,
100 Church Street 8 FL
New York, NY 10007

Madison Products of USA, Inc.,
747 Third Ave 2nd Floor
New York, NY 10017

Quality Custom Medical Supply, Inc.
33 Avenue U,
Brooklyn, NY 11223

Quality Health Supply Corp.,
546 Longacre Avenue,
Woodmere, NY 11598

Allan L. Buslon
17757 SW 28th St.
Miramar, FL 33029

Personal Home Care Products Corp.
300 Cadman Plaza Fl 12
Brooklyn, NY 11201

AB Quality Health Supply Corp.
2071 Flatbush Ave., Ste. 104
Brooklyn, NY 11234

Tatiana M. Rybak
4401 Collins Ave., Apt. 2812
Miami Beach, FL 33140

Oleg Rybak
2804 E 19th St Apt 4I
Brooklyn, NY 11235